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Monday 3 April 2017

Lundi 3 avril 2017

Speaker
Honourable Dave Levac

Clerk
Todd Decker

Président
L'honorable Dave Levac

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LEGISLATIVE ASSEMBLY OF ONTARIO

Monday 3 April 2017

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

Lundi 3 avril 2017

The House met at 1030.

The Speaker (Hon. Dave Levac): Good morning. Please join me in prayer.

Prayers.

SINGING OF NATIONAL ANTHEM

The Speaker (Hon. Dave Levac): The member from Northumberland–Quinte West on a point of order.

Mr. Lou Rinaldi: Speaker, I believe you will find that we have unanimous consent to put forward a motion without notice regarding the singing of O Canada in the Legislature.

The Speaker (Hon. Dave Levac): The member from Northumberland–Quinte West is seeking unanimous consent to put forward a motion without notice. Do we agree? Agreed.

Mr. Lou Rinaldi: Speaker, I move that, following the prayers on the first sitting Monday of each month, the Canadian national anthem be sung in the chambers.

The Speaker (Hon. Dave Levac): The member from Northumberland–Quinte West is seeking unanimous consent to sing the national anthem at the beginning of the month. Do we agree?

Motion agreed to.

The Speaker (Hon. Dave Levac): This being the first sitting day of the month of April, in accordance with the motion just passed, I therefore now invite everyone to join us in the singing of the Canadian national anthem.

Singing of O Canada.

ANNIVERSARY OF THE BATTLE OF VIMY RIDGE

The Speaker (Hon. Dave Levac): Government House leader on a point of order.

Hon. Yasir Naqvi: Speaker, I believe you will find that we have unanimous consent that members be permitted to wear pins to recognize the 100th anniversary of Vimy Ridge, and that a representative from each caucus speak for up to five minutes on this landmark occasion.

The Speaker (Hon. Dave Levac): The government House leader is seeking unanimous consent to wear the pins and to have each caucus speak for up to five minutes on this wonderful occasion. Do we agree? Agreed.

With the consent of the House leaders or representatives, shall I do introductions first? Agreed? Introductions first, before we make our presentations.

INTRODUCTION OF VISITORS

Mr. Ernie Hardeman: I'd like to welcome Justin Saunders to the Legislature today. This is Justin's first

day volunteering in my office, and I would like to welcome him to Queen's Park.

Ms. Cindy Forster: I would like to introduce Dan Patterson, the president of Niagara College, who is here with us today. Welcome, Dan.

Hon. Deborah Matthews: This is Colleges Week, thanks to a motion of the House led by our member from Brampton West, so I am delighted to welcome everyone here from Colleges Ontario, in particular Fred Gibbons, who is president of Northern College and chair of Colleges Ontario; Don Lovisa, who is president of Durham College and chair of Colleges Ontario's 50th anniversary committee; Peter Devlin, the president of Fanshawe College in London, Ontario; and Gurpal Singh Bhatia, who is the president of the College Student Alliance.

There are many other presidents and chairs who are here today, and we welcome you all.

Mrs. Gila Martow: I'd like to welcome some representatives of the Ontario Medical Students Association here today: Yoel Green, from my riding of Thornhill, as well as Karishma Manji; Kota Talla, Vivian Tam and Heena Kapoor, a fantastic volunteer. Welcome, all of you.

M^{me} France Gélinas: I, too, would like to welcome Bill Best, the president of Cambrian College.

J'aimerais souhaiter la bienvenue à Daniel Giroux et Stéphan Plante du Collège Boréal. Bienvenue à Queen's Park.

Ms. Ann Hoggarth: Today, I'd like to welcome Coralea Kappel, a University of Ottawa medical student from my riding of Barrie; and also, MaryLynn West-Moynes, the president of Georgian College in Barrie.

Mr. Bill Walker: I would also like to welcome MaryLynn West-Moynes, the president of Georgian College in Owen Sound.

Mr. Percy Hatfield: I'm pleased to introduce our page captain today and her family, who are here from my riding of Windsor–Tecumseh. Laura Middleton attends Prince Edward Public School in Windsor. Laura's mom is Diane Middleton, her dad is Matt Middleton, and her older sister is Jenna Middleton.

Welcome to Queen's Park, and congratulations, Laura.

Hon. Bob Chiarelli: I'm proud to welcome Cheryl Jensen, the president of Algonquin College in Ottawa. She is here to participate in colleges day. We're very, very proud of the work she's doing at Algonquin.

Mr. Lorne Coe: I'd also like to welcome the president of Durham College, Don Lovisa, and Pierre Tremblay, the chair of the board of directors of Durham College to Queen's Park, as well as the grade 10 students

and teachers from R.S. McLaughlin Collegiate and Vocational Institute. Welcome to Queen's Park.

Ms. Peggy Sattler: I'm pleased to welcome Linda Franklin and Jane Holmes, who are here today from Colleges Ontario; and also Peter Devlin, the president of Fanshawe College, an institution of which I'm proud to be an alumnus.

Hon. Tracy MacCharles: I have three people from my riding here today: Muriya Choudhary, Yusra Choudhary and Hamayal Choudhary. They are having lunch with me today.

From the college sector, we have Don Lovisa, the president of Durham College, and Pierre Tremblay, the chair of the board of Durham College. And I want to give a shout-out to Ron McKerlie and the team at Mohawk, where my son goes to school.

Mr. Victor Fedeli: We have with us today George Burton, the president of Canadore College in our riding of Nipissing.

Mr. Wayne Gates: I'd like to welcome to the Legislature of Ontario today my good friend the president of Niagara College, Dan Patterson.

Hon. Jeff Leal: In the west members' gallery is my good friend Tony Tilley, the president of Fleming College.

1040

In the east members' gallery, I've got the opportunity to introduce the guests from the Ontario Waterpower Association. There's a reception this evening with president Paul Norris, Peter McLennan, Heather Ferguson, Karen McGhee, Ben McGrath, Scott Delyea, Kaitlyn Leigh, Bob Allen, Michelle Lavictoire and Stephen Somerville. This association is headquartered in the great riding of Peterborough.

Mr. Todd Smith: I'd like to welcome, from Colleges Ontario, the brand new president of Loyalist College in Belleville, Dr. Ann Marie Vaughan who joins us all the way from Newfoundland. We love having you in Belleville.

Mr. Percy Hatfield: My buddy Dan Allen is here. Dan's a former city councillor in Windsor, but he's here as chair of the board at St. Clair College in Windsor and Chatham.

Mr. James J. Bradley: I'd like to welcome Dr. Dan Patterson, the president of Niagara College.

Miss Monique Taylor: I'd also like to welcome Ron McKerlie, who's here today from Mohawk College. Welcome to Queen's Park.

Hon. Kathleen O. Wynne: I don't see them in the gallery yet, but I want to welcome two of my oldest friends in the world, Glen Sharp and Stephen Coxford. I've known them since I was four, Mr. Speaker; we went through school together. Welcome to Queen's Park.

M^{me} France Gélinas: I would like to welcome Benjamin Cassidy and Nel Vandermeer, both students from the Sudbury campus of the Northern Ontario School of Medicine; Stephen Bennett, who's at the Thunder Bay campus of the Northern Ontario School of Medicine; and Samik Doshi, who is from the University of Toronto—all medical students. Welcome to Queen's Park.

L'hon. Marie-France Lalonde: Au nom du caucus d'Ottawa, j'aimerais accueillir la présidente de La Cité ici à la Chambre. Bienvenue. Merci d'être avec nous, et merci pour l'excellent travail que vous prodiguez à notre francophonie.

Ms. Peggy Sattler: I would like to extend a warm welcome to the large delegation of students from the Schulich School of Medicine and Dentistry at Western University. They include Cory Lefebvre, Gunjan Mhapankar, Susan Wang, Alysha Ahmed, Gary Lucas, Trystan Nault, Adriana Cappelletti and Lauren Crosby. Welcome.

Hon. Kevin Daniel Flynn: From Sheridan College, the home of Come From Away, president Mary Preece has joined us here today.

Mr. Jim McDonnell: I'd like to welcome Glenn Vollebregt from St. Lawrence College in Cornwall. Welcome to Queen's Park.

Hon. Mitzie Hunter: I would like to welcome, from my great riding of Scarborough-Guildwood, the president of Centennial College, Anne Buller, as well as Anne Sado, the president of George Brown College, Chris Whitaker from Humber College and my friend David Agnew from Seneca College.

Hon. Glen R. Murray: I would like to welcome my friend from George Brown, Anne Sado, who, along with Centennial and Mohawk Colleges, are building the first non-residential greenhouse gas-free, net positive buildings in Ontario. That tells you something about our college sector, Mr. Speaker.

Mr. Granville Anderson: I'd like to welcome the president of Durham College, Don Lovisa, and the chair of Durham College, Pierre Tremblay. Welcome.

Hon. Kathryn McGarry: I'd like to welcome, in the west gallery today, Giuliana Guarna and the medical students I met with this morning at a wonderful breakfast. Welcome to Queen's Park.

Hon. Michael Coteau: I'd like to welcome a guest of page captain Kishan Muhundhan who's joining us here today: his mother, Renuga Sathasivam—I think I pronounced that correctly.

Also, I'd like to welcome David Agnew from Seneca College. There's a lot of young people from Don Valley East who attend that college. Welcome to the Legislature.

Ms. Sophie Kiwala: I'd like to welcome, from St. Lawrence College, Glenn Vollebregt, the president and CEO; Michael Adamcryck; Andrea Seepersaud, the manager of multimedia design; and André Léger, the Associate dean school of contemporary teaching and learning, and Ontario medical students from Queen's University, Julia Mildren, Sean Davison and Hélène Morakis. Welcome to Queen's Park.

Hon. Bill Mauro: I'm pleased to introduce, in the west members' gallery, from Thunder Bay, representing Confederation College, president Jim Madder.

L'hon. Marie-France Lalonde: Merci, monsieur le Président. Le nom de notre chère présidente à La Cité est Lise Bourgeois.

Mr. Lou Rinaldi: I would like to welcome Ryan Singh, the person who inspired the singing of O Canada.

Mr. Todd Smith: I just noticed we also have the president of the Loyalist College board, June Hagerman, joining us today as well. Welcome, June.

The Speaker (Hon. Dave Levac): We have with us today in the Speaker's gallery some heroes: the delegation from Portugal comprised of military veterans. They are led by General Joaquim Chito Rodrigues and Colonel Lucas Hilário. Welcome and thank you for your service.

Before we do our tribute, it is my understanding that some members may not have received the pins, so I would ensure that each gallery—when there's an agreement from the House leaders—has the pins, and enough to go around to everybody. So if that's not the case today, I'm hoping that it will be rectified.

ANNIVERSARY OF THE BATTLE OF VIMY RIDGE

ANNIVERSAIRE DE LA BATAILLE DE LA CRÊTE DE VIMY

Mr. Michael Harris: Today I rise on behalf of the Ontario PC caucus and of course our leader Patrick Brown.

At 5 a.m. on April 9, 1917, 30,000 Canadian troops huddled below France's cold, unforgiving Vimy Ridge awaiting a signal that would spark one of the bravest and brutal military operations, and change the course of history forever.

Some four days later, the clearing smoke revealed the price that our proud Canadian heroes were willing to pay for our freedom—for the world's freedom—as reports revealed, 3,598 Canadians killed, 7,004 wounded and one battle-scarred strategic and vital Vimy Ridge taken and secured, now in the hands of the Allies.

Speaker, over those four days, all four Canadian divisions worked in concert to do what previous Allied forces had failed to do: stand up to the enemy at this critical dividing line and push him back until victory was finally and decidedly secured. Despite withering machine-gun fire and counter-artillery from the German line, the four Canadian divisions pushed forward. Despite brutal hand-to-hand combat and casualties mounting, the four Canadian divisions pushed forward, breaking into the German trenches and capturing many of their objectives the first day of the assault.

One by one, over the four days, in wave after wave, Canadian troops stormed, fought and overtook four separate lines of defence the Germans had long maintained as a virtual unbreakable wall of enemy dominance. One by one, heroic troops took each successive step, breaking what couldn't be broken, as they marched onward to the victory they would not be denied. By 6:15 a.m., the Germans' black line had been taken; 45 minutes later, under smoke and still falling snow, the first division advanced and took the red line. By 11 a.m. the blue line was under Canadian control, and by 2 p.m. the brown line was secured.

Step by devastating step, our Vimy heroes marched on, until, by the morning of the fourth day, the northernmost part of the ridge, defended by the elite Prussian guards of the German army, had finally been taken. When the sound of booming artillery had silenced, the ultimate sacrifice of our Canadian troops secured five kilometres along the line, and 4,000 German soldiers were captured along with hundreds of heavy guns and supplies.

But, Speaker, we had gained much more than just land and guns. The unwavering will and never-surrender onslaught brought by those heroes on that lonely cold ridge in many ways marked the emergence of the Canada we are so proud to be a part of a century later. In the words of Brigadier-General Alexander Ross, "It was Canada from the Atlantic to the Pacific on parade. I thought then, and I think today, that in those few minutes I witnessed the birth of a nation."

Indeed, Speaker, the united effort that saw Canadians from all parts of our vast, great nation fighting side by side at Vimy Ridge marked our first step into nationhood, steps that saw our troops come together both on the ground on that escarpment and back home, when our national pride swelled to hear that our Canadian Corps had succeeded where so many had failed. It was a moment when Canadians felt nationhood, a pride in ourselves.

1050

In the coming week, there will be many of us in Canada taking our own steps towards marking the 100 years since the heroic Canadian capture of Vimy Ridge, an opportunity to share our national gratitude for the bravery, heroism and true Canadian grit of those who sacrificed all for us on those cold April mornings.

I look forward to the chance to join my colleague from Bruce-Grey-Owen Sound and thousands of school-children from across Canada, and so many others, as we step foot on the ground that was secured for us one century ago. Where 100 years ago, battle raged, today there now stands a radiant Vimy monument on land gifted to Canada by the French government after the war.

Many are familiar with the memorial and statue of a woman representing Canada, a young nation mourning her dead. Below is a tomb to remind us of the soldiers killed in France who have no graves. While we recognize overseas, we also recognize the work of our Vimy Foundation and ongoing efforts that have helped launch a state-of-the-art Vimy Visitor Education Centre near the Canadian National Vimy Memorial in France.

I believe that history comes with a duty to remember those who sacrificed so much on those plains in north-eastern France and every other conflict where Canadians have lost their lives protecting us.

In these coming days, and indeed every day, Speaker, I look forward to ceremonies overseas and here at home to recognize the sacrifice of our Vimy heroes in France who gave us the pride and honour to stand strong and free today here in Canada.

The Speaker (Hon. Dave Levac): Further tribute?

Ms. Andrea Horwath: It's an honour to be able to stand here today, 100 years after the victory at Vimy Ridge. I'm proud to be representing the NDP caucus and New Democrats around the province.

It seems only appropriate that it coincides, this celebration of Vimy, with the 150th anniversary of Canada, and Ontario as well. It's hard to imagine a moment in Canadian history, in fact, that has more to teach us than that cold, snowy day in France. Of course, the main narrative we hear now is that April 9, 1917, was the day Canada truly became a nation. As French philosopher Ernest Renan said, "Nations are made by doing great things together." And, truly, our soldiers that day were doing something great: They were standing up for a vision of the world and of Canada that still guides us today.

It was the first time that all four divisions of the Canadian Corps fought together during the war under Canadian command. They were prepared to sacrifice their lives to defend the ideas of freedom and democracy.

Unlike other countries whose origin stories often involve painful civil wars and internal strife, Vimy Ridge gave this young, 50-year-old country a story of heroism and of idealism and of enormous sacrifice. The enormous sacrifice of thousands of soldiers and the loved ones they had left behind would mark a turning point in the Great War.

Of course, it was called the Great War because there had never been anything like it before, and those who survived it hoped that it would be a lesson, to avoid the same mistakes in the future. I wish we could say that lesson was better learned.

We owe a great debt of gratitude to the men and women who served Canada proudly, fighting the occupation of Europe. Speaking from the territory of the Haudenosaunee and the Mississaugas of the New Credit, I think it is important to remember, acknowledge and honour the First Nations soldiers who served in the Great War. An estimated 4,000 First Nations soldiers served in World War I as part of Canada's military. Despite not being granted the rights of citizenship, First Nations were subject to conscription in the latter parts of the war, and many First Nations veterans found that on returning home, the resources and programs that helped other veterans were not available to them.

Recently, Canada lost our last surviving veteran of the Great War, so now we must work even harder to remember their sacrifice and learn from these hard-fought lessons. The 11,285 Canadians are remembered by name at the Vimy Ridge memorial. They died performing what they saw as their duty for the country and for humanity. So, 100 years later, it is our duty as Canadians to keep their memory alive. We must always honour their bravery and sacrifice, remember what they did, remember the great cost the war had on their friends, families and all Canadians, and do whatever we can each day to really live the lessons they taught us: to avoid conflict where possible, to work tirelessly for peace and to stand up against oppression and hate in our communities, within our borders and throughout the world.

The Speaker (Hon. Dave Levac): Further tribute?

Hon. Kathleen O. Wynne: It's with great honour that I rise today to mark the 100th anniversary of the Battle of Vimy Ridge. I'm also pleased that the Deputy Premier will be travelling to France to represent the Ontario government there.

C'est un honneur de prendre la parole aujourd'hui à l'Assemblée législative pour souligner le 100^e anniversaire de la bataille de la crête de Vimy et rendre hommage aux militaires du Canada qui ont fait l'ultime sacrifice lors de la Première Guerre mondiale.

When war broke out in 1914, Canada's affairs were still governed by the United Kingdom, and suddenly and automatically we were at war. Thousands of young Canadians wanted to do their part and made the brave choice to enlist. Leaving their small towns for the first time, these young people travelled a world away across the ocean, not knowing if they would ever return.

My grandfather, Charles Wynne, signed up as soon as he finished medical school at U of T at the beginning of the war. He served the entire war and, afterwards, at a military hospital in Scotland. At the Battle of the Somme he was gassed, but he survived. My grandfather lived until I was nine, and I spent a lot of time with him. Not once did I hear him mention the war. He never talked about the war. I did know that the terrible, constant cough that he had—the reason he had to be close to Sunnybrook hospital—was that he had been gassed, but I didn't know what that meant.

So many of our families have stories like these, Mr. Speaker. In a country that had a population of fewer than eight million, no one's life was left untouched by the Great War. My grandfather was one of more than 240 people from Ontario and more than 600,000 Canadians, including our First Nations soldiers, acknowledged rightly by the leader of the third party, who served in the war. More than 60,000 of those soldiers were killed in the trenches and in the battlefields of places like the Somme, Passchendaele, Mount Sorrel and Vimy Ridge. It was the largest number of Canadian deaths in any war.

Yet for all its horror and suffering, the Great War, as has been said by my colleagues, was a defining moment for our young country. Canada came together in 1867 as an unlikely political union, a diverse people spread across a vast land. In 1914, we still didn't know a lot about each other. We had little in the way of national identity. The Great War changed all of that, and the battle of Vimy Ridge was the defining moment, a turning point in our collective memory. As has been said, it was the first time all four divisions of the Canadian Corps fought as a united force.

When Canadian forces ultimately prevailed where all other Allied attempts had failed, Canada stepped out of Britain's shadow and into the light of nationhood. On the front, in the medical camps and here on home soil, men and women from across Canada banded together. Ultimately, that hard work and sacrifice paid off. Canada's stunning victory at Vimy Ridge helped turn the tide of the war and became an international symbol of Canadian grit and perseverance.

Today we honour the legacy of Vimy Ridge and the soldiers who fought and died for their country. We show our gratitude to the families of soldiers for all that they have sacrificed. While we glorify the memory of those who have served and the legacy of bravery their sacrifice has given us, I think we must never glorify war itself.

As Premier and as the granddaughter of one of those brave Canadians who 100 years ago looked into the dark abyss of war and did not blink, I express my deepest gratitude and respect. May we never forget their sacrifice.

1100

The Speaker (Hon. Dave Levac): I thank all members for their very respectful comments about Vimy Ridge. And here's to all veterans, past and present.

Therefore, it is now time for question period.

ORAL QUESTIONS

EXECUTIVE COMPENSATION

Mr. Patrick Brown: My question is for the Premier. The CEO of Ontario Power Generation earned nearly \$1.2 million last year. The CEO of Hydro One earned \$4.5 million last year. In total, the top five executives at Hydro One made a whopping \$11 million.

Mr. Speaker, when people across Ontario can barely afford to keep the lights on and can barely afford their hydro bills, how can the Premier allow these salaries that are completely out of control?

Hon. Kathleen O. Wynne: The Leader of the Opposition makes the point that people across Ontario are struggling with their hydro bills. That's why we're removing 25% from those hydro bills, come this spring. That's why, for people in more rural and remote communities, they're going to see more like a 40% to 50% reduction.

We have a plan. We are implementing that plan. We know that there are people who are burdened by their electricity bills across the province. That's why we have the fair hydro plan, and that's exactly why it is going to reduce people's bills across the province by 25%.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Patrick Brown: Back to the Premier. It's not just the million-dollar salaries at Hydro that the Premier does not want to address. It's not just the energy sector. The government has backed up the Brink's truck for executives across all government agencies.

Let's take a look at the president of the Union Pearson Express—or should I say the former president, Kathy Haley. She resigned March 21, 2016, but she still managed to earn \$230,000—not bad for three months' work.

How does this government manage that? How does this government allow salaries that are completely out of control, and try to justify that it's appropriate, whether it's \$4.5 million for the Hydro One CEO or \$230,000 for three months' work? Give me a break. The average Ont-

arian can't afford their hydro bill, and they're allowing this? It's not right. How does the Premier allow this?

Hon. Kathleen O. Wynne: President of the Treasury Board.

Hon. Liz Sandals: Of course, as everyone knows, we released on Friday the public sector salary disclosure, the sunshine list. I think it's important to understand what's on the sunshine list. The sunshine list lists the salaries of Ontario's public service and broader public sector people who have been paid more than \$100,000. It's important to realize that that's not necessarily their annual salary. In the case of people who have retired after serving in the public sector for a number of years, they may have vacation pay owing, they may have severance pay owing. What you're seeing is not 25% or 50% or 100% of annual salary. It represents those adjustments retracted on severance.

The Speaker (Hon. Dave Levac): Final supplementary.

Mr. Patrick Brown: Again to the Premier. I appreciate why the Premier doesn't want to be on the record on what her government is paying executives. But hearing the talking points from the minister that a \$4.5-million salary is appropriate because there are things like vacation pay—or \$230,000 for three months' work? Mr. Speaker, it doesn't wash. The reality in Ontario is, those nurses working twice as hard because of Liberal cuts, they're not part of this millionaires' club. Those maintenance crews at schools that are falling apart aren't part of those raises. It's offensive.

The reality is these salaries are out of control. I want the Premier to stand in this House and say that she supports this and say why she has allowed it. How can you pay \$4.5 million to the Hydro CEO when nowhere else in Canada do they allow salaries like that?

Hon. Liz Sandals: Of course, we recognize that \$100,000 is a lot of money. It's more than the average Ontarian makes. What we have seen is that when you look at the increase in salary, the average salary in the last year is about \$116 more than the average salary in the prior year, so not a huge shift.

What we do see each year is more and more people on the sunshine list. Of course, that's because the legislation that created this in the first place, the Public Sector Salary Disclosure Act, 1996, has the \$100,000 threshold embedded right in the legislation. In fact, were the threshold to have inflated, the current threshold would be about \$150,000, and 84% of the people on the list would be dropped.

EXECUTIVE COMPENSATION

Mr. Patrick Brown: Mr. Speaker, my question is for the Premier. Over 123,000 people were on the sunshine list, but there were untold thousands more missing, and some would have been at the very top of that list.

Why did this government choose to hide the salaries of Hydro One's highly paid executives? Are there any more members of this millionaires' club? I'm sure there

are. We've seen that in the top five salaries that were required to be released. How many more millionaires from Hydro One did this government hide?

Hon. Kathleen O. Wynne: If the Leader of the Opposition is asking how many and how much people are earning in the private sector, in every publicly traded company and every corporation around the province—if that's what he's asking, and he thinks there should be legislation that would go beyond what is already required in terms of disclosure, I think he should say that. I think he knows that Hydro One has moved into being a publicly traded company.

I know that these salaries are high. I know that they're much higher than the vast majority of Ontarians'. I also know that people are struggling with their electricity bills. That's why we have a plan. That's why we are going to reduce people's electricity bills by 25%. We're actually taking action because we recognize that people are challenged across the province.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Patrick Brown: The Premier can't have it both ways. The government still has the majority of shares of Hydro One. What they have allowed to happen with these out-of-control salaries is wrong. The Premier knows it's wrong: \$4.5 million for the CEO; \$2.9 million for the executive vice-president; \$1.7 million paid to the chief financial officer; \$1.4 million paid to the chief operating officer; and \$1.2 million to another executive vice-president. This millionaires' club at Hydro One that the Premier has created is wrong.

Everyone in Ontario knows these paycheques are too much. Mr. Speaker, through you, I'm asking the Premier to do the right thing while they still have the majority of the shares and rein in these offensive executive salaries.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Interjections.

The Speaker (Hon. Dave Levac): Start the clock. Premier?

Hon. Kathleen O. Wynne: I really do understand why the Leader of the Opposition is taking this track: because he has no plan and no idea how he would reduce electricity bills.

As I said, I know these salaries are high. We know that people are struggling with electricity bills. That's why we are going to reduce people's hydro bills.

We remain committed to continued regulation of Hydro One. We made that quite clear from the outset. Hydro One has now transitioned into a publicly traded company. It's not a government agency. I would think that the Leader of the Opposition would understand that.

Hydro One has made changes. In fact, in the first year of their going public, they've actually found \$60 million in savings. What's happening is that Hydro One is becoming a better company. We knew that that was going to happen. They are publicly traded and they are regulated by the rules for publicly traded companies.

The Speaker (Hon. Dave Levac): Final supplementary.

1110

Mr. Patrick Brown: Again to the Premier: In the entire sunshine list, with 123,000 names on it, only two people topped \$1 million. Hydro One has five senior executives making \$1 million, and that is only the ones we know about, the ones that the government hasn't hidden. There could be untold others in this millionaires' club.

And we have the Premier, who still has majority control, trying to have it both ways. She has allowed these salaries. The Premier knows that she could rein this in, but instead of actually taking responsibility, she's blaming others. We heard one minister blame GO train riders who couldn't understand, and now the Premier is trying to blame the opposition for salaries that she handed out, for salaries that she approved. They're the government. They've created this mess. Do the right thing and rein in these offensive executive salaries.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Premier.

Hon. Kathleen O. Wynne: Minister of Energy.

Hon. Glenn Thibeault: I'm very pleased to rise and address this subject. As the Premier mentioned, and as the opposition doesn't seem to know, Hydro One is now a publicly traded company. The decisions over compensation are not made by the government.

But let's put some context into this, Mr. Speaker. The executive salaries at Hydro One—

Interjections.

Hon. Glenn Thibeault: Let's have some context here. The executive salaries—

Interjections.

The Speaker (Hon. Dave Levac): I can get up and down. I'm still healthy enough.

Finish, please.

Hon. Glenn Thibeault: The executive salaries at Hydro One make about 0.1% of their total budget. Even if the member opposite cut these salaries in half, that wouldn't take one cent off of a single customer's bill.

That just shows that they have absolutely no plan and no idea on what to do in the electricity sector. Our 25% reduction, on average, will make sure we help every small business, family and farm—

The Speaker (Hon. Dave Levac): Thank you. New question.

EXECUTIVE COMPENSATION

Ms. Andrea Horwath: My question is for the Premier. The sunshine list was released on Friday, and there was one very notable company name that was not on it. That was Hydro One. We know that the Hydro One CEO raked in a salary of \$4.5 million in 2016, a 500% increase from the last time the CEO's salary appeared on the sunshine list.

Can the Premier tell Ontarians why her priority seems to be protecting the salaries and anonymity of the people

at the top, instead of regular Ontario families and businesses that are struggling just to get by?

Hon. Kathleen O. Wynne: My priority is to make sure that everyone in this province gets relief on their hydro bills: a 25% reduction for every family in this province who pay electricity bills in their homes, relief for those small mom-and-pop shops on main streets in communities, relief for farmers. We recognize—

Interjections.

The Speaker (Hon. Dave Levac): Carry on.

Hon. Kathleen O. Wynne: We recognize that there are people across the province who need that relief, which is exactly why we're putting a plan in place that actually will reduce people's electricity bills. People will see those reductions come the summer. That is in direct response to people's concerns about their ability to pay their electricity bills.

The Speaker (Hon. Dave Levac): Supplementary.

Ms. Andrea Horwath: By privatizing Hydro One, Premier Wynne ensured three things: that those at the top can make massive salaries, that the rest of us will pay massive electricity bills and that she could throw a blanket of secrecy over the whole mess.

What does the Premier have to say to Ontarians who are struggling to keep up with their hydro bills and are outraged by her continued insistence on selling off Hydro One, while hiding how much top executives are being paid?

Hon. Kathleen O. Wynne: Let me once again be very, very clear. I know that the leader of the third party loves to conflate these issues, but changing the direction on broadening the ownership of Hydro One would not take one cent off one electricity bill anywhere in this province, as much as the leader of the third party would like to pretend that that was the case—not one cent, not off one electricity bill.

We have brought forward a strategy, a plan, that is going to take people's bills down—a 25% reduction across the province—because we recognize that people need that support. The investments that we have made in the electricity system to make it clean, to make it reliable, have a cost associated with them.

We are going to reduce people's bills, on top of the 8% that people have already seen, by another 17%, because we know that they need that support.

The Speaker (Hon. Dave Levac): Final supplementary.

Ms. Andrea Horwath: It is disgusting that while people are suffering and some can't even pay their hydro bills, we have executives at public utilities raking in millions. The CEO of OPG was the highest-paid public employee last year, and the CEO of Hydro One made over \$4 million.

In Montreal, Bombardier, a private company, listened to public pressure and is holding off on massive pay increases for the company's top staff after hundreds of Quebecers rallied outside the company's headquarters.

Here in Ontario, people are equally outraged by the planned pay hikes for Hydro One's CEO, especially amid

soaring hydro bills. Why won't the Premier do the right thing and rein in the salaries of the executives at Hydro One?

Hon. Kathleen O. Wynne: Let me just say again that I recognize that people across the province are struggling with their electricity bills, which is exactly why the fair hydro plan will reduce people's electricity bills by 25%. That is the context within which we are having this conversation.

We have a plan that we have brought forward that will reduce people's bills substantially. In more rural and remote communities, people will see a reduction of 40% to 50%. We know that people need that support. We know that they need those reductions.

At the same time, the broadening of the ownership of Hydro One is directly related to our ability to invest in infrastructure—transit and transportation infrastructure—that the leader of the third party does not support but which is necessary to the well-being of this province.

We are going to continue on that path. Hydro One has found \$60 million in efficiencies. They are a better-run company, and people will see reductions on their electricity bills this summer.

EXECUTIVE COMPENSATION

Ms. Andrea Horwath: My next question is for the Premier. The problem the Premier has is that nobody believes her anymore. Nobody believes anything this Premier says anymore.

The Wynne government's priorities are backwards. It's not just in the energy sector; it's health care too. Six of the top 10 highest-paid public employees in 2016 were hospital CEOs. Health care dollars should make it to bedsides, not stop at the corner offices.

Ontarians need health care that they can count on, and they won't get it if the Premier continues to allow these exorbitant salaries while also allowing hospital hydro bills to soar.

When will she finally put patients' needs first, stop her ridiculous, unwanted sell-off of Hydro One, and cap hospital CEO salaries so that public money actually goes to patient care?

Hon. Kathleen O. Wynne: Minister of Health and Long-Term Care.

Hon. Eric Hoskins: I think all of us appreciate, in the first instance, that hospitals are independent corporations. But we expect, as we do across government, that when they make decisions with regard to allocation of public funds, they take into consideration the opportunity and responsibility to allocate as much as possible towards front-line care, that high quality of care that they provide.

It's no different than in our hospitals. That's why I'm particularly proud that we also, as a government, passed the Public Sector and MPP Accountability and Transparency Act. It sets out certain parameters and expectations that we do have.

But we need to recognize that we need to provide our hospitals with the ability, as independent corporations, to

manage their affairs so that they are able to truly provide the highest quality of care and allocate resources responsibly to that effect.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Andrea Horwath: The sunshine list also grew yet again this year, but because of her wrong-headed decision to sell off Hydro One, the salaries of the executives are hidden from the public. Thanks to the Premier's meddling, we don't have any idea how much public money was spent on salaries at Hydro One.

How can the Premier claim to care about the mess that she has created in our public hydro system if she won't even open the books at Hydro One? What is this Premier afraid of?

Hon. Eric Hoskins: To the Minister of Energy.

Hon. Glenn Thibeault: I know, as the Premier said, our government strongly believes in ensuring that public salaries are fair to employees but also reasonable to the public purse.

1120

When it comes to Hydro One and OPG, following the process that is laid out in our government's framework, OPG sought appropriate comparators set for compensation at a level that is restrained but competitive for that industry.

I understand that the salaries at OPG can seem surprising. It is important to remember some key facts, Mr. Speaker: These are experts—technical, nuclear experts—and we want these operators in our plants to be the best in the world.

The most recent compensation frameworks for OPG's nuclear leadership team reflect performance initiatives paid out only if the company attains certain goals during refurbishment, which, I'd like to say right now, is ahead of schedule and under budget because of the dynamic team that we have at OPG.

The Speaker (Hon. Dave Levac): Final supplementary?

Ms. Andrea Horwath: Speaker, only a Liberal cabinet minister would say million-dollar salaries are "restrained." Only a Liberal cabinet minister would have the gall to say that.

The sunshine list this year reminds Ontarians that this Premier and her government are only out for themselves and those at the top. She has refused to disclose salaries at Hydro One, even though the government has yet to finish its sell-off. She's allowing millions to be funnelled to top hospital executives while Ontarians get less and less front-line health care.

Will the Premier wake up and realize that the people of Ontario need a leader who will fight for them, not just allow those at the top to rake in millions while protected by a veil of secrecy that she has thrown over her unpopular decisions?

Hon. Glenn Thibeault: Again, we recognize that we brought forward a framework to help keep salaries restrained, Mr. Speaker.

Talking about Hydro One, in that time since we've broadened the ownership of Hydro One, they have

become a better-run company—they sure have. It's providing better service and better value, both to its customers and to the province. Just a few of the customer initiatives they've taken out in the last few months:

- introduced more active customer communication, calling customers directly with issues;

- introducing a voluntary ban on winter disconnections;

- giving customers choice with their billing cycles, helping them to manage their bills better;

- introducing e-billing and working towards mobile billing; and

- ending the practice of security deposits for new customers.

Last year, that executive group saved \$60 million.

MEDICAL ASSISTANCE IN DYING

Mr. Jeff Yurek: My question is to the Minister of Health and Long-Term Care. Speaker, last week during public hearings of the government's medical assistance in dying bill, we heard from several conscientiously objecting doctors concerned they will be forced to participate in medical assistance in dying by making an effective referral.

The minister announced the creation of a care coordination service that will allow patients to seek medically assisted dying themselves. Speaker, with the introduction of this service, can the minister guarantee that the conscience rights of all physicians will be protected and no doctor in Ontario will be forced to make an effective referral?

Hon. Eric Hoskins: I'm very pleased to receive this question this morning, as we proceed through the various legislative components, ultimately, hopefully, with the passage of the bill responsible for medical assistance in dying.

I have said many times here in the Legislature, and also publicly outside of the Legislature, my deep, profound respect for anyone, let alone those health care professionals, who, for reasons of conscience, has made that decision that they do not want to participate in medical assistance in dying. I respect that. The federal legislation, and the provincial legislation that's proposed, in no way requires them or asks them to participate in medical assistance in dying.

In the supplementary, I'm happy to speak to two other measures that we have and will be putting in place, which will provide additional supports, Mr. Speaker.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Jeff Yurek: Back to the minister: Speaker, the minister cites concerns about access to medical assistance in dying, but the policies in British Columbia and Alberta that don't require doctors to make referrals have shown that conscience rights protections are not a barrier to access.

If the current policy is upheld and doctors are forced to make effective referrals for medical assistance in dying, many fear they will have no other choice but to leave the profession altogether.

Mr. Speaker, if doctors are forced to make effective referrals, how many doctors will be forced to stop practising, and how many more patients in Ontario will become orphaned?

Hon. Eric Hoskins: Shortly after the federal legislation became law in this province, we created a clinician referral service. Any health care professional can contact that service, which is run through the Ministry of Health, to identify practitioners who are prepared to provide advice, do an assessment and a number of them also, if required and requested, to provide medical assistance in dying.

We also have committed publicly—and we are close; I would say next month, or perhaps even at the end of this month—that we will have in place a care coordination service which is available to any Ontarian, including patients, loved ones and caregivers, to directly interact with health care professionals, to seek advice and also to secure that pathway, should they so decide to pursue medical assistance in dying.

HYDRO RATES

Mr. Peter Tabuns: My question is to the Premier. In 2015, then-Energy Minister Bob Chiarelli promised that the privatization of Hydro One wouldn't drive up hydro rates. In fact, he said, "Hydro One will now be an even stronger-performing, customer service-focused company and any efficiencies created can be passed on to consumers to help reduce rates."

Well, late last Friday, Hydro One filed its distribution rate application for 2018 to 2022. Instead of reducing rates as promised, Hydro One wants a 6.5% rate increase next year and a total increase of 20% by 2022.

Will the Premier finally admit what 80% of Ontarians—

The Speaker (Hon. Dave Levac): Thank you. Time. Premier?

Hon. Kathleen O. Wynne: Minister of Energy.

Hon. Glenn Thibeault: I'm very pleased to rise and address this. Let's remember something important here too, Mr. Speaker: Our government is lowering bills by 25% on average for households and as many as half a million small businesses and farms, starting this summer. It's the single largest reduction in the province's history, with rates also held to inflation for the next four years.

We will achieve this reduction no matter the outcome of this application. In fact, Hydro One's rural customers will be seeing even greater reductions from our fair hydro plan. We're expanding the support for these customers facing the highest delivery costs in the province, including Hydro One's rural customers. As a result, some of these Ontarians will see reductions as large as 40% to 50% on their bills. These are truly substantial savings, and the fair hydro plan will work for all.

The Speaker (Hon. Dave Levac): Supplementary.

Mr. Peter Tabuns: In 2015, the Premier's privatization czar, Ed Clark, said "private sector discipline" would mean lower rates for Hydro One customers.

Private sector discipline means that the Hydro One CEO's salary is now six times what the previous CEO had been earning, paid for by ratepayers. Private sector discipline means that Hydro One is fighting to keep the benefits of a \$2.6-billion tax cut that would normally benefit ratepayers. And now, private sector discipline means a 20% increase for Hydro One, so Ontario families can pay more profits to private investors.

Ontario ratepayers can't afford any more private sector discipline. Will the Premier stop her short-sighted sell-off of Hydro One and return it to public ownership?

Hon. Glenn Thibeault: Once again—

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Minister of Energy.

Hon. Glenn Thibeault: Thank you very much, Mr. Speaker. Again, the OEB, our judicial regulator, makes sure that they will review this application. In the past, they have denied applications and they have decreased applications. Of course, we're not going to prejudge where they're going to go with this, unlike the opposition.

When it comes to Hydro One, as mentioned, \$60 million in savings that do benefit and go back to the ratepayers, unlike what the opposition is saying. Again, a better-run company, voluntarily bringing forward and introducing that—

Interjection.

1130

The Speaker (Hon. Dave Levac): The member from Hamilton East—Stoney Creek, come to order.

Carry on.

Hon. Glenn Thibeault: Of course, introducing a voluntary ban on winter disconnections; giving customers choice with billing cycles, helping them to better manage their bills; and let's not forget, with the fair hydro plan, a 40% to 50% reduction for Hydro One R1 and R2 customers.

SMALL BUSINESS

Ms. Daiene Vernile: My question is for the minister responsible for small business. By contrast to what the opposition has been telling the public, the facts show that small businesses in Ontario are continuing to thrive under the government's watch. Ontario has created 700,000 new jobs since the recession and the unemployment rate has dropped to 6.4%—the lowest in eight years.

In the first three quarters of 2016, Ontario led all G7 nations in economic growth, but sadly, we've heard the opposition talking down Ontario's economy rather than promoting all the advantages our province has to offer, from our highly educated workforce, clean air, clean water, renewed roads, bridges and transit, and our nation-leading health care system.

On this side of the House, Speaker, we understand the important contribution small businesses make in the

province. Could the minister please update this House on the status of small businesses in Ontario?

Hon. Jeff Leal: I want to thank the member from Kitchener Centre for the question this morning. Interestingly enough, Mr. Speaker, our daughter Shanae was in Kitchener over the weekend checking out Laurier university as a possible destination for school this fall. She said, “Dad, I want to pass on to you: Make sure you tell the member from Kitchener Centre that things are booming in Kitchener these days. Things are booming.”

Let me say, with over 500,000 small and medium-sized enterprises in Ontario, SMEs make up 99.7% of all business in the province of Ontario. This is appropriate to the Kitchener area—between 2012 and 2014, 69% of SMEs in Ontario reported increased average yearly growth of sales. Through our Eastern Ontario Development Fund and the Southwestern Ontario Development Fund we have funded over 200 projects, 35,000 jobs—more than \$1.7 billion in investment.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Daiene Vernile: I would like to thank the minister for his response. Should his daughter choose to attend Wilfrid Laurier University, we would welcome her with open arms.

Speaker, we know that development funds are having a major impact across the province in helping owners grow their businesses, and we’ve certainly seen this in Kitchener Centre. But business owners must deal with a number of input costs and pressures when trying to manage their bottom line. Recently, the cost of electricity has been of particular concern. There’s no doubt that the investments that we’ve made in cleaning up and improving our electricity grid puts serious pressure on small businesses as it did for households. The government has taken action to help Ontarians across the province with the cost of electricity through the fair hydro plan. We know that this is going to help not only households but small businesses as well.

Speaker, could the minister please clarify how the fair hydro plan is going to impact small businesses in the province?

Hon. Jeff Leal: Minister of Energy.

Hon. Glenn Thibeault: I want to thank the member for that question. Our plan to lower bills across the province by 25% will help every single household, but it will also help a half a million small businesses and farms.

The Premier has recently had the opportunity to visit many of these businesses. Businesses like the Bookshelf, in Guelph, which owns both a bookstore and a restaurant in the same building—this bookstore and restaurant will be saving more than \$1,000 a month under our plan; or J’adore Fine Cheese and Chocolate located near Barrie: They will save as much as \$350 a month during the summer. This is a business in the Leader of the Opposition’s own riding.

Ontarians are beginning to wonder: Will the opposition be supporting our plan to lower rates for homes and

businesses or will they simply continue to throw mud and offer no credible plan of their own?

HYDRO RATES

Ms. Laurie Scott: My question is to the minister of rural affairs and small business. I’m sure the member heard about the closure of Roland’s Steakhouse, a local institution in the Peterborough area. Roland’s has operated for 60 years. The restaurant was a popular fixture in the community and was a contributor to the local economy.

Do you know what finally drove them to close their doors? It was the outrageous hydro costs resulting from this government’s misguided policies. The owner of Roland’s shared his hydro bills with me and after seeing them, I’m not surprised he was forced to shut down.

Rising hydro costs are hurting the rural economy in our area, and the government’s poor excuse of a relief plan will do little to undo more than a decade of runaway increases. My question to the minister is: How much longer will he stand by watching successful rural businesses like Roland’s close as a result of the government’s mismanagement of the hydro system?

Hon. Jeff Leal: I really want to thank the member from Haliburton–Kawartha Lakes–Brock for the question. But there’s another story to Roland’s and the mayor of Peterborough, Daryl Bennett, set the record straight on his Cogeco cable show on Friday.

The fact of the matter is that the owners—whom I know very well—were offered a substantial amount of money for the property for a commercial development. The mayor was very clear: This was strictly a commercial development. The owner was offered a substantial amount. I know the area very well. It’s a stone’s throw from my house in Peterborough. There’s going to be a substantial commercial development.

The other thing that played into this: Peterborough is very fortunate that a Keg franchise came to Peterborough because they have confidence in the Peterborough area, and Hobart’s set up a steak house in downtown Peterborough. That’s the other story of this. The mayor of Peterborough set the record straight.

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Order.

Interjections.

The Speaker (Hon. Dave Levac): Start the clock. Supplementary?

Ms. Laurie Scott: Again to the minister: We’re not talking about some abstract idea here. This is a real business, real jobs lost because of the government’s misguided policy decisions.

Last January—

Interjections.

The Speaker (Hon. Dave Levac): Come to order, please. Minister of Indigenous Relations and Reconciliation, come to order.

Please.

Ms. Laurie Scott: Last January, the owner paid over \$2,000 for hydro. This past January, his bill had jumped to over \$4,000. That's double, in just one year—

Interjection.

The Speaker (Hon. Dave Levac): Minister of Municipal Affairs.

Ms. Laurie Scott: —and all this after spending \$23,000 replacing all of the lighting with efficient LEDs—

Interjection.

The Speaker (Hon. Dave Levac): Stop the clock. Right after I ask him to stop, he says it again. Minister of Municipal Affairs, second time. I'm not amused by everyone who decides to disrupt the House.

Please finish.

Ms. Laurie Scott: Mr. Speaker, with the trend in hydro going upward, things were only going to get worse for Roland's. In the owner's own words, he saw no chance for survival.

Again, when will the minister take the concerns of rural businesses seriously and ensure that they are not driven out by the consequences of your government's decisions?

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you. Start the clock.

Minister.

Hon. Jeff Leal: I do appreciate the supplementary from the member from Haliburton-Kawartha Lakes-Brock, but I would strongly suggest—and I will organize—

Interjection.

The Speaker (Hon. Dave Levac): The member from Renfrew-Nipissing-Pembroke, second time.

Finish, please.

Hon. Jeff Leal: I would volunteer to organize a viewing. We'll get the tape from Cogeco. His Worship Mayor Daryl Bennett, the mayor of Peterborough, will provide—

Interjections.

1140

The Speaker (Hon. Dave Levac): The member from Simcoe-Grey, come to order. The member from Nepean-Carleton, come to order, and the member from Leeds-Grenville, come to order.

You can have wrap-up sentence, please.

Hon. Jeff Leal: Well, Mr. Speaker, if the folks opposite are questioning the veracity of the mayor of Peterborough, I'll certainly give him a call about this today. In fact—

The Speaker (Hon. Dave Levac): Thank you. That's it.

The member from London West.

MENTAL HEALTH AND ADDICTION SERVICES

Ms. Peggy Sattler: My question is to the Premier. Ontario medical students are here today to lobby MPPs about mental health, and one of their top priorities is to

reduce wait times for services. I commend these students for their advocacy.

I listened to the Premier as she talked to them this morning. I was struck by the contradiction between what she said to the students and what is happening in London, where her government is refusing to approve an innovative partnership between the hospital, EMS and the Mental Health and Addictions Crisis Centre to get non-acute patients much quicker access to service, while reducing ER wait times.

If the Premier is serious about reducing mental health wait times, why is she not finding a way to allow our London pilot project to proceed, so we can start helping people now?

Hon. Kathleen O. Wynne: Minister of Health and Long-Term Care.

Hon. Eric Hoskins: It is accurate that, since last fall, the Middlesex-London Emergency Medical Services approached and sought support from the Ministry of Health for review on a decision on this suggestion for a pilot program for a diversion protocol. Because the crisis centre is not a designated hospital, that would have solved the problem, had they decided to come under the auspices of London Health Sciences Centre.

But, in fact, in March of this year, after extensive discussions—including with my ministry and the LHIN and the proponents and the crisis centre themselves—the crisis centre opted not to pursue that site designation.

As a result, we're left with a situation where there are two acts: the Ambulance Act and the Health Insurance Act. The Ambulance Act looks at patient care standards. The Health Insurance Act looks at what is an insured service. I'm happy, in the supplementary, to go into the challenges there.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Peggy Sattler: Two weeks ago, my constituent Angela Cameron-Jolly was forced to wait seven days on a hallway stretcher in the mental health ER. This weekend, Londoners were appalled to learn the details of Angela's experience in the pages of the London Free Press. They were ashamed of a broken system that treats mental health patients so callously.

I received an email that sums up how Londoners are feeling, and it reads:

"I am horrified that this is our reality ... To the elected officials, we owe our friends, neighbours and family better than this. We owe Angela (and all the others) so much more. A solution seems possible, in having ambulance able to transfer to the crisis centre. It is worth trying on a temporary basis. Let's get this done."

Does the Premier agree that Angela deserves an apology, and will she approve the pilot project now?

Hon. Eric Hoskins: I want to begin by acknowledging our medical students who are here with us today, and particularly their focus on mental health. I think that, with the investments the province is making, they know better than anyone just how important this is to their practice, but also to their patients, the clients, whom they're trying to support.

We're working hard with all of the proponents. I would suggest to the member opposite that she join that process and work with me. If she wants to continue to raise this—this is the fourth time in the Legislature. I think most colleagues around this Legislature know that I actually work hard with my colleagues to find solutions.

I'm confident that we will find a solution in this case, but it is challenging because there are two acts. I'm not prepared to break the law. But at the same time—and there's a meeting actually taking place this week between the ministry and all of the partners involved—I'm confident, together with the support from the—

The Speaker (Hon. Dave Levac): Thank you. Sorry. Time's up.

The member from Barrie.

TRANSPORTATION INFRASTRUCTURE

Ms. Ann Hoggarth: My question is to the Minister of Transportation. I know that the members on this side of the House recognize how important it is for our province to have a comprehensive transit and transportation network. To have that network, we need to have good roads. Our roads help the economy thrive, and they connect us to one another.

It isn't just about our provincial highways. If the people don't have a way to get onto our highways, they don't serve much purpose. In Barrie, we have Highway 26, which is classified as a connecting link because it connects people in my community to a number of our provincial highways, the closest being Highway 400.

Speaker, I know that the Minister of Transportation recently made an announcement about our government's commitment to these vital roads. Would the minister please provide the members of this House with more information on his recent Connecting Links announcement?

Hon. Steven Del Duca: Of course, I want to begin by thanking the member from Barrie for her question and for being such a strong advocate for her community.

I was pleased just a few days ago, on Friday, to be in Sault Ste. Marie to announce that municipalities are receiving funding through the 2017-18 provincial Connecting Links Program.

This year we had \$25 million in funding available that we are using to support 19 projects right across the province. This includes nearly \$45,000 for the rehabilitation of Bayfield Street from Coulter Street to Cundles Road on Highway 26 in the member from Barrie's community.

Our government is investing in these roads because we understand how vital they are to communities across Ontario. We especially know how important these roads are to small, rural and northern Ontario, and that's why the majority of funding is going towards Connecting Links in those communities.

Our government will continue to make the investments that both our municipal partners and our residents depend on and deserve.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Ann Hoggarth: Thank you to the minister for his answer. I know that this is welcome news in my community of Barrie, and that the funding will help make for a much smoother ride on Highway 26.

Speaker, I remember when our government announced in the 2015 budget that we were introducing the new Connecting Links Program. I also remember back in 2016 when the Premier announced that the program would be growing. It was clear to our municipal partners, including my community of Barrie, that they had been heard loud and clear when they said that the funding available for OCIF wasn't enough. The communities are very pleased that the government is taking strong action.

Would the minister please let the members of this House know what our government is doing now to make this important program even better?

Hon. Steven Del Duca: I thank the member from Barrie for the follow-up question. She is absolutely correct: Both the new Connecting Links Program and our commitment to growing the program came in response to what we were hearing from our municipal partners. While we listened, the parties opposite chose to ignore those voices when they voted against the new program in the 2015 budget and the additional funding in the 2016 budget.

We've now heard again from municipalities who are excited about the program and are excited about the fact that the amount of funding for Connecting Links continues to grow: up to \$30 million for the 2018-19 year.

But we've also heard concerns about what the projects are actually eligible to support. That's why this past Friday, in Sault Ste. Marie, I also announced that we'll be updating the program guide to allow for even more projects to be eligible, including road widening.

While I was in Sault Ste. Marie, we announced that that community will receive \$2.3 million from this program for this year. I'm excited to see the great work that we are doing, and we'll keep—

The Speaker (Hon. Dave Levac): Thank you.
New question.

DRIVE CLEAN

Ms. Lisa M. Thompson: My question is for the Premier. The Ontario PC caucus has been calling for Drive Clean to be scrapped for over six years. It is a program that has long outlived its usefulness and is a burden on drivers in this province.

This program has always been designed to be temporary. Mr. Speaker, it's time to take Drive Clean to the scrapyard. Will the Liberals finally cancel this burdensome and expensive program?

Hon. Kathleen O. Wynne: Minister of the Environment and Climate Change.

Hon. Glen R. Murray: Oh, that so un-green party over there, Mr. Speaker—it's so frustrating some days.

Drive Clean, every year, keeps several hundred thousand cars that don't meet standards off the road. I was just in Quebec with my colleague David Heurtel, and what was I asked by car dealers and by the people in

Quebec? "Can you convince the government of Quebec to introduce Drive Clean?" Why did they ask that? Because Quebec is at risk of becoming the beater capital of Canada, because it doesn't have regulations.

We have no interest in Ontario in having Ontario become the beater capital of Canada, which is what the opposition would like to see.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Lisa M. Thompson: So it continues: This is why Ontario has lost trust in this government. I actually thought that member opposite would comment on his idea that Drive Clean is free, but that is simply not true. They spin so often.

But we need to make it clear right here today that instead of the driver paying for this outdated program, now everyone pays, because the fee has simply been shifted to the taxpayer. Drivers and non-drivers are now paying for this redundant program that is simply Liberal virtue-signalling, as we just saw. The fact is there is already a 95% pass rate here in Ontario.

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BC phased out their program years ago. It's time for Drive Clean to ride off into the sunset. Will the Liberals finally cancel the program today?

Hon. Glen R. Murray: If we cancelled the program, we would have hundreds of thousands of vehicles on the road causing problems with air quality. What we did do—

Interjection.

The Speaker (Hon. Dave Levac): I think I know why he's not looking at me. The member from Niagara West—Glanbrook, come to order.

Finish, please.

Hon. Glen R. Murray: In 2014 alone, 185,000 vehicles were retired or had to be upgraded.

People aren't paying for it. It's actually being paid from two major sources. The surplus is being used to cover the costs, and we're using—

Mr. John Yakabuski: Several hundred thousand?

The Speaker (Hon. Dave Levac): Okay, I'll do it. The member from Renfrew—Nipissing—Pembroke is warned.

Finish, please.

Hon. Glen R. Murray: The other thing is we're using new technology called—

Interjection.

The Speaker (Hon. Dave Levac): The member from Huron—Bruce.

Hon. Glen R. Murray: —so people will soon be able to report in virtually, saving them the trip, which will save huge amounts of money.

TENANT PROTECTION

Ms. Cheri DiNovo: My question is to the Premier. Last month, over 30 community and non-profit housing organizations from across Ontario wrote to the Minister of Housing with concerns about his new inclusionary zoning regulations. They fear that the government plans to force municipalities to pay developers for each unit of

affordable housing created under inclusionary zoning. They correctly point out that such a measure would prevent municipalities from passing inclusionary zoning bylaws.

Will the minister assure us that the rumours are not true and that the new inclusionary zoning regulations will encourage municipalities to pass bylaws and not discourage them?

Hon. Kathleen O. Wynne: Minister of Housing.

Hon. Chris Ballard: Thank you to the member for that really important question. We understand the growing concerns throughout the GTHA regarding the booming housing market and the impact it's having on affordable housing in this region. We understand that many families need peace of mind that they will be able to find an affordable house, so they'll have that stability.

It's why our government is focused on increasing the supply of affordable housing. In fact, this past winter the government passed the Promoting Affordable Housing Act, which sets up the enabling framework for inclusionary zoning in Ontario. We're continuing to work to put inclusionary zoning into practice in communities across Ontario. We're focused on partnerships. We continue to talk to municipalities in the private sector to finalize the regulatory framework that will guide the implementation.

The Speaker (Hon. Dave Levac): Supplementary?

Ms. Cheri DiNovo: Back to the Premier: These housing organizations, along with the NDP, have been seeking inclusionary zoning legislation for years. I tabled the first inclusionary zoning bill back in 2009.

The government resisted inclusionary zoning for years, even as affordable housing wait-lists grew and provincial housing budgets shrank. But last year, the government finally seemed to say yes to inclusionary zoning. It would be an enormous betrayal if the government introduced a poison pill that would make it harder for municipalities to pass inclusionary zoning bylaws.

Will the minister assure Ontarians who need affordable housing that no such poison pill will be in his new inclusionary zoning regulations? Will he assure us?

Interjections.

The Speaker (Hon. Dave Levac): Be seated, please. Thank you.

Minister?

Hon. Chris Ballard: Thank you for that follow-up. What I will assure the member—and really, I'm a bit stymied, because I think the member opposite should be absolutely ecstatic, given that the third party has pushed for inclusionary zoning legislation for many, many years. It's here, Mr. Speaker.

We need to get it right. What we need to do is to make sure that everyone involved in putting affordable housing in place has a seat at the table and that we get the formula right. That's what we're doing. We're taking the amount of time that it takes to get this right, so that municipalities and builders and affordable housing providers are comfortable with this new legislation.

COLLEGES

Mr. John Fraser: My question is for the Minister of Advanced Education and Skills Development. This past fall, the member for Brampton West introduced a private member's motion to declare this week Ontario's official Colleges Week. This was not only a celebration of the accomplishments of colleges, but a recognition of an important milestone. Fifty years ago, then-Minister of Education Bill Davis pioneered Ontario's system of colleges of applied arts and technology.

Speaker, we know that colleges are leaders when it comes to partnerships with business and industry and that they are key parts of the economic fabric of communities across the province. I know this is true of Algonquin College and La Cité collégiale in my riding of Ottawa South.

My question for the minister is: What is our government doing to mark the milestone of 50 years of Ontario's college system?

Hon. Deborah Matthews: Thank you to the member from Ottawa South for this really important question. Early this morning, I was at George Brown College and was delighted to announce that we'll be honouring this historic 50th-anniversary milestone by make a one-time capital investment of \$50 million for our colleges.

This investment will support colleges in undertaking initiatives that enhance student learning, such as the purchase of specialized software for teaching, new lab and shop equipment, technology to modernize existing classrooms and labs, and other projects as well.

From the very beginning, colleges were designed to give recent high school graduates an alternative to university and to facilitate retraining to those who were looking to take on new challenges, allowing people to shift readily from one job to another.

With our rapidly changing economy, this flexibility, this nimbleness, is a really important part of our college system.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. John Fraser: Thank you to the minister for her answer. Over the 50 years since their inception, more than two million students have graduated from Ontario's colleges. Ontario's colleges have incredible capacity and scope. They are key drivers in all different sectors of our economy.

Former Premier Bill Davis had a vision of a college system that would fill the need for skilled graduates who are ready to take on the complex challenges our province would face. Can the minister tell us more about how that vision has been achieved and how colleges have grown and changed since the system was established more than half a century ago?

Hon. Deborah Matthews: Speaker, we are so grateful for the foresight of Premier Davis. In fact, he plans to be here this afternoon to help us celebrate this occasion.

We have come a long way in 50 years. Today, Ontario's 24 colleges offer hundreds of programs in areas including robotics and advanced automation, commercial

beekeeping, brewmastery, dental hygiene, and doula studies. In fact, there are more than 900 college programs offered in our colleges. Their breadth and variety touch on almost every area of our day-to-day lives.

They've been vital partners to our government in providing opportunities for underrepresented groups and giving them a high-quality and meaningful education. Their commitment to expanding access has been enormously valuable as we transform OSAP to be more generous, more transparent and more progressive.

I extend my heartfelt congratulations to our colleges. We know that the next 50 years will bring even more exciting opportunities in Ontario.

SCHOOL CLOSURES

Mr. Bill Walker: My question is to the education minister. Ontarians want you to stop blaming everybody else for the massive school closures and process under your watch. The chair of the Bluewater District School Board has called on you to be honest and come clean on who's really to blame for the school closures. That would be you, Minister. Will you take responsibility and save our schools and our communities with a moratorium so you can fix the funding formula, as your government promised in the previous two elections?

Hon. Mitzie Hunter: Ensuring that Ontario's students have the best education possible is the priority of this government and the members on this side of the House.

I've actually spoken to the chair of the Bluewater District School Board, and we have talked in common cause of what is in the best interests of the local school boards and ensuring that when school boards do have to make very difficult decisions, they are well supported in that. So ensuring that they get meaningful input from all sides of the community is critical.

But having an arbitrary moratorium—even the chair of the school board says that is a bad idea, that it is not going to solve anything, because there are times when school boards do need to make those decisions, when a change is required. If there are innovative solutions that can be found, that is exactly what we expect the school boards to be doing, together with their local municipalities and with their communities, to provide the best education possible for all of Ontario's students.

The Speaker (Hon. Dave Levac): Supplementary?

Mr. Bill Walker: Back to the education minister: If he's so in touch with you, why did he write this article in the local paper asking you to be honest and to come clean?

The minister suggests she wants collaboration. Markdale and Paisley have both given you partnerships and money to fill up the gaps of your broken school funding formula. In Markdale, a single-school community, Chapman's Ice Cream has committed millions of dollars, as have a development company and the municipality of Grey Highlands. In Paisley, a single-school community, local council is also offering you money, along with Bruce Power's projected growth related to the refurbishment. This is partnership and collaboration.

Minister, will you be a promise-breaker or a collaborator?

Hon. Mitzie Hunter: I am so delighted to talk about how we are collaborating with our school boards—

Interjections.

The Speaker (Hon. Dave Levac): Minister.

Hon. Mitzie Hunter: —how we're collaborating with Ontario's 72 school boards right across this province to ensure that we provide students with the best education possible, including in the member opposite's own riding, where, since—

Interjection.

The Speaker (Hon. Dave Levac): The member from Bruce–Grey–Owen Sound is warned.

Finish, please.

Hon. Mitzie Hunter: —where, in fact, since 2003 we have opened 10 new schools in the member's own riding. That is an example—

Interjection.

The Speaker (Hon. Dave Levac): Well, we'll have to do it. The member from Bruce–Grey–Owen Sound is named.

Mr. Walker was escorted from the chamber.

The Speaker (Hon. Dave Levac): I would advise people not to be helpful.

Interjections.

The Speaker (Hon. Dave Levac): There are no deferred votes. This House stands recessed until 1 p.m. this afternoon.

The House recessed from 1203 to 1300.

INTRODUCTION OF VISITORS

Ms. Cheri DiNovo: I'm pleased to introduce, in the gallery, members of Stitching Our Own Social Safety Net: Susan Bender, Dawn D'Cruz, Andrea Hatala, Daniela Mergarten and Mark Shapiro. Welcome to Queen's Park.

MEMBERS' STATEMENTS

BATTLE OF VIMY RIDGE

Mr. Toby Barrett: One hundred years ago today, three young brothers from our area's Houghton township were fighting in France as part of the Canadian Corps, 14th Battalion. Within a matter of days, all three brothers would be dead. Bill West, age 20, and Arthur West, age 27, were killed April 9, 1917, during the Battle of Vimy Ridge. Their third remaining brother, Lewis West, age 21, would die September 7 from wounds suffered at Vimy.

A poem in the 1917 Simcoe Reformer tells us this:

Three brave brothers from Houghton,
Went to fight the German foe,
Arthur, Lew and William West,
While others would not go....

And the poem goes on, Speaker.

All told, 16 Norfolk boys were killed April 9 at Vimy Ridge, and nine more in ensuing days at the Battle of Vimy. Over 625,000 Canadians answered the call to arms—an incredible turnout from a total population of 7.5 million people. By war's end, over 67,000 had been killed, 35,000 killed in action.

There's an excellent book that is titled *Norfolk Remembers: The Great War*, authored by Grant Smith. It goes into great detail of what occurred during the First World War. It has photographs of every local military person who was killed during the Great War.

SOCIAL PROGRAMS

Ms. Cheri DiNovo: Ontarians are impacted by cuts to almost every social program: health, social assistance, housing, education, legal aid, daycare and more. The *Stitching Our Own Social Safety Net* project was organized by a group of low-income survivors and allies, some of whom are here, to take action. They stitched together a social safety net to put pressure on the government to restore our social programs. The 200-foot-long social safety net consists of art squares that represent social programs that are in need of more government funding.

Following this project, the SSSN launched a postcard campaign to ask for support from Ontarians of these five demands in policy and budget decisions: restore social assistance rates to the levels they were prior to the Harris government cuts; raise the minimum wage; devote 1% of the Ontario budget to sustainable and affordable housing; fully fund dental services for low-income people; and lower post-secondary fees.

There are 1,700 postcards that have been signed by people across the province calling on the government to take action. They call for a focus on social priorities in the budget and on the failure of the Legislature to address the growing inequality. They have been delivered to the Premier.

Houselink Community Homes is the lead organization. I am proud it's in my riding of Parkdale–High Park. I hope that these good people are heard, and, more to the point, I hope that the government responds.

PALLIATIVE CARE

Mr. John Fraser: Yesterday, I had the privilege of participating in the launch of the Palliative Care Outreach Program, hosted by Temple Israel. The public forum, called *Living and Dying with Dignity*, centred on a discussion about advanced care planning and volunteer-based palliative care outreach.

Speaker, I was honoured to join Senator Sharon Carstairs and Dr. Paul Hacker, a palliative care physician, on the panel yesterday. I want to thank Pamela Cogan and Rabbi Morais for hosting this event. It was a very important event. Also on hand were Jim Nininger and former mayor Jackie Holzman, who are spearheading the compassionate communities movement in Ottawa. I want to thank them for their efforts as well.

I've long been guided by the firm belief that how we care for each other at the end of our life deserves the same kind of attention that we give to the beginning of life. People need access to quality end-of-life palliative care, and it's the responsibility of all of us in the community—government, practitioners, community, family, friends and volunteers.

I applaud this initiative and I encourage all citizens of Ottawa and all groups in Ottawa to take a look at the compassionate community effort that's going forward and to join so that we can, in community, support each other.

SOUTH MUSKOKA CAVALCADE FORD BANTAM BEARS

Mr. Norm Miller: I'm delighted to rise in this House today to recognize and congratulate the South Muskoka Cavalcade Ford Bantam Bears on becoming the all-Ontario provincial champions.

With the series tied 2-2, game 5 offered a winner-take-all scenario, and it was wonderful to see the community come out to Bracebridge Memorial Arena to support the team and enjoy the fun, competitive atmosphere.

The Bears played a great game. They outshot their opponents 30 to 12. With goals from Jack Lyndon and Dustin Labelle, the Bears defeated St. Mary's Rock 2-0.

While achievements in sport should always be celebrated, sport is about the experience. The goaltender from St. Mary's Rock played remarkably, and both of the teams should be proud of their efforts. Sport is about more than winning and losing; it's about an athlete's development, lessons learned and the lasting memories they share with teammates and friends.

In addition to physical activity, participation in sports can help build self-esteem and confidence. It can motivate a young person to excel academically and learn the benefits of goal-setting and preparation.

People in our society are not always able to participate in sports like hockey because the cost is so expensive. We have to be careful to not allow the cost of organized sport to prevent people from participating. Otherwise, they will lose out on all the positive benefits and attributes that sport has to offer.

I would like to thank the Bears head coach, Dan Blum, and all the staff, volunteers and parents who make it possible for young people to pursue their sporting goals.

Congratulations to the Bears, our 2017 all-Ontario provincial champions.

CANADIAN HEARING SOCIETY

Ms. Teresa J. Armstrong: I'm pleased to rise today to speak about an important issue that is affecting many communities across the province, and that is the Canadian Hearing Society strike.

In my riding of London-Fanshawe, critical services for more than 6,000 deaf and hard-of-hearing people in our community rely on vital services that the London

workers offer. The workers in London are a component of 227 Hearing Society staffers across Ontario who went on strike on March 6. Their last contract expired four years ago.

For the deaf and hard-of-hearing community, this job action feels like a second blow after the Robarts School for the Deaf was placed on the chopping block by the Minister of Education only last year. Parents, children and advocates rallied successfully to prevent the closure, but the fear among the deaf and the hard-of-hearing community hasn't subsided, given that about 40% of the striking workers are deaf.

I, along with my NDP colleagues, have shown and will continue to show our support for the workers who have been on strike for weeks now. We will continue to stand with you in an effort to protect all vulnerable workers to get the fairness they are entitled to from their employers. I encourage everyone to stand up for the families and children in their community who rely on these vital services and help get these workers the job protections they deserve.

DRIVE CLEAN

Ms. Ann Hoggarth: My constituents in Barrie often express concern about paying for Drive Clean, but they're also worried about the long-term consequences of carbon pollution.

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This is why many of them were very pleased to learn this past Saturday, April 1, that our government eliminated the \$30 Drive Clean test fee on light-duty vehicles, including most cars, vans, SUVs and light trucks. This will save people money and make it easier for owners to ensure that their vehicles are running efficiently with minimum emissions. Removing these fees is not just part of our plan to make life more affordable but also to make our province more livable.

Ontario's Drive Clean program tests 2.3 million vehicles per year and, in doing so, helps reduce emissions that cause smog and poor air quality, cutting emissions from vehicles by about one third each year. Since its introduction, the program for light-duty vehicles has prevented approximately 400,000 tonnes of smog-causing pollutants from being released into the air that we breathe.

Making Drive Clean testing more accessible reduces the burden on household budgets while continuing our commitment to build a clean and sustainable Ontario. In Martha's words, "It's a good thing."

HIGHWAY CONSTRUCTION

Mr. Jim Wilson: I rise today on behalf of the town of Collingwood and its citizens. By not completing the last leg of the new Highway 26 at the east end of town, the province is holding up job creation and economic development.

Today, I'm calling on the province to pay for and finish the five-laning into town and extend Sir Sandford

Fleming Drive through to Highway 26, a move that will spur significant commercial development in the area. This development will result in the creation of more than 70 new jobs.

The issue with the highway has been unsolved now for five years, and that's totally unacceptable. The mayor and council are at their wits' end, and so are members of the business community. They expect better from this government.

I have written to the minister on several occasions about this matter, but apparently, common courtesy has gone out the window, as I can't seem to get a response.

Enough is enough. The time for the government to finish the job is now. The people of Collingwood are watching and waiting, and they know there's an election just 15 months away.

TED ORMSTON

Mr. Mike Colle: I'd like to honour the passing of Judge Ted Ormston in this House today. Judge Ted Ormston was born in Timmins, Ontario, made his way to St. Pat's college in Ottawa, then was eventually practising law and was appointed to the bench.

Judge Ormston was quite a remarkable individual, because his motto was, "Sometimes you have to close the books and open your heart." He looked at each person before him in his court as a human being, especially those with mental illness. He presided over the mental health court at Old City Hall in Toronto. That's an amazing place, if you want to see real life and real people. Anyway, he treated everyone with respect and dignity.

He also served as chair of the Consent and Capacity Board, where again he tried to help people who were going through difficult times. He was also the mental health chair of the commission in Canada. He was an incredible individual who cared for every person who stood before him.

We sometimes hear negative things about judges, but this judge, Ted Ormston, was a humanitarian and a true lover of everyone who had problems.

Ted, we are going to miss you. God rest your soul.

BATTLE OF VIMY RIDGE

Ms. Lisa M. Thompson: As the 100th anniversary of the Battle of Vimy Ridge draws near and we see how Canada, our veterans and our citizens stand proudly, we must all pause and reflect.

I recall driving past the monument in France from afar and just marvelling at its grandeur. I had the opportunity to visit, years later, an interactive museum in Ypres that absolutely highlighted the horrors of war. We shall never forget what our Canadian soldiers did on our behalf.

Most recently, in December, my husband, Dennis Schiestel, and our friends Darren Schiestel, Cindy Devos, Jim and Judy Gowland and Marilyn Ashley actually had the opportunity to visit Vimy Ridge. Our cabbie, when

we arrived on the ridge, said, "Welcome to Canada." For those of you who don't know, in appreciation for all that was done, France gave Canada Vimy Ridge.

It was there I imagined what it felt like as I was in the tunnels: the dampness, the anxiety, the energy that those soldiers must have been feeling when they were told that the battle they expected on April 8 was delayed because of a late season snowstorm and that they had to stay in the darkness and think about their future, there with their comrades awaiting battle.

It is there where I saw the interactive centre, which was first approved and worked on by our Conservative friend Erin O'Toole, come together. It was there, in December, that I saw the sod laid where our Canadians will proudly travel later this week. I wish them safe travels—and be proud.

ROYAL ASSENT

SANCTION ROYALE

The Speaker (Hon. Dave Levac): At this time, I beg to inform the House that in the name of Her Majesty the Queen, Her Honour the Lieutenant Governor has been pleased to assent to a certain bill in her office.

The Deputy Clerk (Mr. Trevor Day): The following is the title of the bill to which Her Honour did assent:

An Act to authorize the expenditure of certain amounts for the fiscal year ending March 31, 2017 / Loi autorisant l'utilisation de certaines sommes pour l'exercice se terminant le 31 mars 2017.

PETITIONS

SERVICES FOR THE DEVELOPMENTALLY DISABLED

Mr. Ted Arnott: I have a petition to the Legislative Assembly of Ontario, and it reads as follows:

"Whereas Community Living Guelph Wellington has a significant pay equity obligation;

"Whereas direct support workers have experienced and continue to be threatened with reductions in hours of work and layoffs resulting in staff reductions;

"Whereas the quality and level of service to the individuals supported has been compromised;

"Whereas base funding to developmental services organizations in Ontario has been frozen for over five years;

"Whereas pay equity is a human right;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"(1) To direct the Ministry of Community and Social Services to provide Community Living Guelph Wellington with one-time emergency funding to ensure services and staffing are maintained at reasonable levels;

"(2) To renew yearly funding increases at least at the rate of inflation for all developmental services organizations in the 2017 budget."

DENTAL CARE

M^{me} France Gélinas: I have hundreds of names on this petition that was sent to me by the Sudbury Community Legal Clinic, and I'm glad to read it into the record.

"Whereas lack of access to dental care affects overall health and well-being, and poor oral health is linked to diabetes, cardiovascular, respiratory disease, and Alzheimer's disease; and

"Whereas it is estimated that two to three million people in Ontario have not seen a dentist in the past year, mainly due to the cost of private dental services; and

"Whereas approximately every nine minutes a person in Ontario arrives at a hospital emergency room with a dental problem but can only get painkillers....;"

They petition the Legislative Assembly of Ontario as follows:

"—ensuring that plans to reform the health care system include oral health so that vulnerable people in our communities have equitable access to the dental care they need to be healthy;

"—extending public dental programs for low-income children and youth within the next two years to include low-income adults and seniors; and

"—delivering public dental services in a cost-efficient way through publicly funded dental clinics such as public health units, community health centres and aboriginal health access centres to ensure primary oral health services are accessible to vulnerable people in Ontario."

I support this petition, will affix my name to it and ask Charlotte to bring it to the Clerk.

HOME INSPECTION INDUSTRY

Mr. Lou Rinaldi: "Whereas home inspections are an integral part of the real estate transaction; and

"Whereas there are no current rules and education system to qualify who is and who is not a home inspector; and

"Whereas the public interest is best served by protecting consumers against receiving a bad home inspection;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"Ensure the speedy passage of Bill 59, Putting Consumers First Act, 2016, and mandate the government of Ontario to bring in a strong qualifications regime for home inspectors."

I will send it to the table with Keira.

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GOVERNMENT ADVERTISING

Ms. Sylvia Jones: My petition is to stop taxpayer-funded partisan ads.

"To the Legislative Assembly of Ontario:

"Whereas since 2006 the Auditor General of Ontario had been responsible for reviewing all government advertising to ensure it was not partisan; and

"Whereas in 2015 the Wynne government watered down the legislation, removing the ability of the Auditor General to reject partisan ads; and

"Whereas the Wynne government has since run ads such as those for the Ontario Pension Plan that were extremely partisan in nature, which cost almost \$800,000; and

"Whereas the Wynne government is currently using taxpayers' money to run partisan hydro ads; and

"Whereas history shows that the Wynne Liberal government has increased government ad spending in the year prior a general election;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"To immediately restore the Auditor General's authority to review all government advertising for partisan messages before the ads run."

I support this petition, affix my name to it, and give it to page Matthew to take to the table.

LONG-TERM CARE

Ms. Peggy Sattler: I would like to thank London West constituents Victoria Stirling and Mary Kroetsch for collecting signatures on a petition to create a minimum long-term care standard.

"Whereas quality care for the 78,000 residents of (LTC) homes is a priority for many Ontario families; and

"Whereas the provincial government does not provide adequate funding to ensure care and staffing levels in LTC homes to keep pace with residents' increasing acuity and the growing number of residents with complex behaviours; and

"Whereas several Ontario coroner's inquests into LTC homes deaths have recommended an increase in direct hands-on care for residents and staffing levels and the most reputable studies on this topic recommend 4.1 hours of direct care per day;

"We, the undersigned, petition the Legislative Assembly of Ontario to:

"Amend the LTC Homes Act (2007) for a legislated minimum care standard of four hours per resident per day, adjusted for acuity level and case mix."

I fully support this petition, affix my name to it, and will give to page Eashvar to take to the table.

ELEVATOR MAINTENANCE

Ms. Sophie Kiwala: "To the Legislative Assembly of Ontario:

"Whereas elevators are an important amenity for a resident of a high-rise residential building; and

"Whereas ensuring basic mobility and standards of living for residents remain top priority; and

"Whereas the unreasonable delay of repairs for elevator services across Ontario is a concern for all resi-

dents of high-rise buildings who experience constant breakdowns, mechanical failures and 'out of service' notices for unspecified amounts of time;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"Urge the Ontario government to require repairs to elevators be completed within a reasonable and prescribed time frame. We urge this government to address these concerns that are shared by residents of Trinity-Spadina and across Ontario."

I agree with this petition and assign it to Sophie.

HOSPITAL FUNDING

Mr. Jim Wilson: "To the Legislative Assembly of Ontario:

"Whereas Stevenson Memorial Hospital in Alliston is challenged to support the growing needs of the community within its existing space as it was built for a mere 7,000" emergency room visits per year and now experiences almost 40,000 "visits annually; and

"Whereas the government-implemented Places to Grow Act forecasts massive population growth in New Tecumseth, which along with the aging population will only intensify the need for the redevelopment of the hospital; and

"Whereas all other hospital emergency facilities are more than 45 minutes away with no public transit available between those communities; and

"Whereas Stevenson Memorial Hospital deserves equitable servicing comparable to other Ontario hospitals;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Kathleen Wynne Liberal government immediately provide the necessary funding to Stevenson Memorial Hospital for the redevelopment of their emergency department, operating rooms, diagnostic imaging and laboratory to ensure that they can continue to provide stable and ongoing service to residents in our area."

I certainly agree with this petition, and I will sign it.

PRIVATIZATION OF PUBLIC ASSETS

M^{me} France Gélinas: I have this petition that comes from my riding, and I'd like to thank Henri St-Germain, who signed the petition. It goes as follows:

"Whereas once you privatize Hydro One, there's no return; and

"Whereas we'll lose billions in reliable annual revenues for schools and hospitals; and

"Whereas we'll lose our biggest economic asset and control over our energy future; and

"Whereas we'll pay higher and higher hydro bills just like what's happened elsewhere;"

They petition the Legislative Assembly of Ontario as follows:

"To stop the sale of Hydro One and make sure Ontario families benefit from owning Hydro One now and for generations to come."

I fully support this petition. I will affix my name to it and ask Taylor to bring it to the Clerk.

NANJING MASSACRE

Ms. Soo Wong: I have a petition addressed to the Legislative Assembly.

"Whereas the events in Asian countries during World War II are not well-known;

"Whereas Ontarians have not had an opportunity for a thorough discussion and examination of the World War II atrocities in Asia;

"Whereas Ontario is recognized as an inclusive society;

"Whereas Ontario is home to one of the largest Asian populations in Canada, with over 2.6 million in 2011;

"Whereas some Ontarians have direct relationships with victims and survivors of the Nanjing Massacre, whose stories are untold;

"Whereas the Nanjing Massacre was an atrocity with over 200,000 Chinese civilians and soldiers alike were indiscriminately killed, and tens of thousands of women were sexually assaulted, in the Japanese capture of the city;

"Whereas December 13, 2017, marks the 80th anniversary of the Nanjing Massacre;

"Whereas designating December 13th in each year as the Nanjing Massacre Commemorative Day in Ontario will provide an opportunity for all Ontarians, especially the Asian community, to gather, remember, and honour the victims and families affected by the Nanjing Massacre;

"We, the undersigned, petition the Legislative Assembly of Ontario as follows:

"That the Legislature pass the Nanjing Massacre Commemorative Day Act, 2016 by December 8, 2017, to coincide with the 80th anniversary of the Nanjing Massacre, which will enable Ontarians, especially those with Asian heritage, to plan commemorative activities to honour the victims and families affected by the Nanjing Massacre."

I support the petition and will give my petition to Raj.

HYDRO RATES

Mr. Norm Miller: I have a large number of petitions given to me by Dr. Gordon Creasor from Huntsville. The petition reads:

"To the Legislative Assembly of Ontario:

"Whereas electricity rates have risen by more than 300% since the current government took office; and

"Whereas over half of Ontarians' power bills are regulatory and delivery charges and the global adjustment; and

"Whereas the global adjustment is a tangible measure of how much Ontario must overpay for unneeded wind

and solar power, and the cost of offloading excess power to our neighbours at a loss; and

“Whereas the market rate for electricity, according to IESO data, has been less than three cents per kilowatt hour to date in 2016, yet the government’s lack of responsible science-based planning has not allowed these reductions to be passed on to Ontarians, resulting in electrical bills several times more than that amount; and

“Whereas the implementation of cap-and-trade will drive the cost of electricity even higher and deny Ontarians the option to choose affordable natural gas heating; and

“Whereas more and more Ontarians are being forced to cut down on essential expenses such as food and medicines in order to pay their increasingly unaffordable electricity bills; and

“Whereas the ill-conceived energy policies of this government that ignored the advice of independent experts and government agencies, such as the Ontario Energy Board (OEB) and the independent electrical system operator (IESO), and are not based on science have resulted in Ontarians’ electricity costs rising, despite lower natural gas costs and increased energy conservation in the province;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“To take immediate steps to reduce the total cost of electricity paid for by Ontarians, including costs associated with power consumed, the global adjustment, delivery charges, administrative charges, tax and any other charges added to Ontarians’ energy bills.”

I have signed this, Mr. Speaker, and will give it to Zara.

DOMESTIC VIOLENCE AND SEXUAL VIOLENCE

Ms. Peggy Sattler: I have a petition to the Legislative Assembly of Ontario.

“Support Survivors of Domestic Violence and Sexual Violence.

“Whereas half of all Canadian women have experienced at least one incident of physical or sexual violence in their lifetime, and approximately every six days a woman in Canada is killed by her intimate partner; and

“Whereas a 2014 national survey showed that Canadian workers who experience domestic violence often disclose the violence to a co-worker, and that the violence frequently follows the worker to work; and

“Whereas the experience of domestic violence and sexual violence can cause significant physical, mental, emotional and financial hardship for survivors, their families, and society as a whole; and

“Whereas Canadian employers lose \$78 million annually due to domestic violence, and \$18 million due to sexual violence, because of direct and indirect impacts that include distraction, decreased productivity, and absenteeism; and

“Whereas workers who experience domestic violence or sexual violence should not have to jeopardize their employment in order to seek medical attention, access counselling, relocate, or deal with police, lawyers or the courts;...

“Therefore we, the undersigned, petition the Legislative Assembly of Ontario as follows:

“That the Legislative Assembly pass Bill 26 to provide employees who have experienced domestic violence or sexual violence ... with up to 10 days of paid leave, reasonable unpaid leave, and options for flexible work arrangements, and to require employers to provide mandatory workplace training about domestic violence and sexual violence.”

I fully support this petition, affix my name to it and will give it to page Kishan to take to the table.

1330

GO TRANSIT

Mr. Lou Rinaldi: I have a petition to the Legislative Assembly of Ontario.

“Whereas Cambridge, Ontario, is a municipality of over 125,000 people, many of whom commute into the greater Toronto area daily;

“Whereas the current commuting options available for travel between the Waterloo region and the GTA are inefficient and time-consuming, as well as environmentally damaging;

“Whereas the residents of Cambridge and the Waterloo region believe that they would be well-served by commuter rail transit that connects the region to the Milton line, and that this infrastructure would have positive, tangible economic benefits to the province of Ontario;

“We, the undersigned, petition the Legislative Assembly of Ontario as follows:

“Direct crown agency Metrolinx to commission a feasibility study into building a rail line that connects the city of Cambridge to the GO train station in Milton, and to complete this study in a timely manner and communicate the results to the municipal government of Cambridge.”

I will affix my name and it send it to the table with Sophie.

GASOLINE PRICES

M^{me} France Gélinas: I would like to thank Mrs. Dawn Graham from Val Therese, a very good friend of mine, for signing this petition. It goes as follows:

“Whereas northern Ontario motorists continue to be subject to wild fluctuations in the price of gasoline; and

“Whereas the province could eliminate opportunistic price gouging and deliver fair, stable and predictable fuel prices; and

“Whereas five provinces and many US states already have some sort of gas price regulation; and

"Whereas jurisdictions with gas price regulation have seen an end to wild price fluctuations, a shrinking of price discrepancies between urban and rural communities and lower annualized gas prices;

"We petition the Legislative Assembly of Ontario as follows:

"Mandate the Ontario Energy Board to monitor the price of gasoline across Ontario in order to reduce price volatility and unfair regional price differences while encouraging competition."

I fully support this petition, will affix my name to it and ask good page Naomi to bring it to the Clerk.

ORDERS OF THE DAY

PROTECTING PATIENTS ACT, 2017

LOI DE 2017 SUR LA PROTECTION DES PATIENTS

Resuming the debate adjourned on March 27, 2017, on the motion for second reading of the following bill:

Bill 87, An Act to implement health measures and measures relating to seniors by enacting, amending or repealing various statutes / *Projet de loi 87, Loi visant à mettre en oeuvre des mesures concernant la santé et les personnes âgées par l'édiction, la modification ou l'abrogation de diverses lois.*

The Acting Speaker (Mr. Ted Arnott): I recognize the member for Northumberland–Quinte West.

Mr. Lou Rinaldi: I will be sharing my time with the member from Scarborough–Agincourt, the Minister of Indigenous Relations and Reconciliation, and the President of the Treasury Board.

Speaker, it is a pleasure to stand in this House and to talk about Bill 87, the Protecting Patients Act. It's a bit multi-faceted, but at the end of the day it's all to make sure that people who need assistance are protected and that they get the best possible attention. That's what I want to talk about.

One of the pillars of this bill is strengthening sexual abuse provisions within the ministry. What does this really mean? What this really means is to better define a patient-provider relationship, giving the government the authority to make regulations setting out criteria regarding who is and who is not considered to be a patient for the purpose of professional misconduct matters involving sexual abuse, prohibiting sexual interaction between regular health professionals and former patients for a minimum period of one year after the end of a patient-provider relationship, and giving each college the regulation-making authority to extend this period of time with respect to their own members where appropriate.

It also expands the list of acts of sexual abuse that result in mandatory revocation of a regulated health professional's certificate or registration. It ensures immediate cessation of practice when a panel of a discipline committee makes a finding of professional misconduct

involving sexual abuse for which mandatory revocation is required. It will introduce a mandatory penalty of suspension for all findings of sexual abuse that do not involve contact for this mandatory revocation as required. It prohibits the use of gender-based restrictions on a professional certificate of registration. It would also increase maximum first-time fines for failure to report an incident of sexual abuse to a health regulatory college to \$50,000 for an individual and \$200,000 for an organization.

These are substantial changes that, if the bill passes, we'll propose. Once again, it's all for the protection of the patient. When anybody seeks any kind of medical help, they're normally in some type of dire straits, so we want to make sure that they are protected under those circumstances.

This bill, if passed, would enhance patient support through the complaints, investigation and discipline process. So what does that mean, Speaker? It would fund therapy and counselling as soon as a complaint of sexual abuse by a regulated health professional is filed, so there will be immediate attention given to that particular individual. It will provide regulation-making authority to allow for additional patient support and additional roles and functions for the patient relations committee. This would just increase the oversight and provide assistance as we move along.

There's more, and I invite my colleagues to further speak about this bill and its importance. I will say that at the end of the day, Mr. Speaker, this bill should go to committee and—sorry, third reading—and let's get it passed. It's all for the good of patients. It's good for our constituents. I hope we can get this done.

The Acting Speaker (Mr. Ted Arnott): The member for Scarborough–Agincourt.

Ms. Soo Wong: Thank you very much, Mr. Speaker. I'm very pleased to stand this afternoon in support of Bill 79.

As many of my colleagues know, there are five schedules to this particular bill, but in my limited time I'm going to focus on schedule 1, the amendments to the Immunization of School Pupils Act. As a former public health nurse, I'm reading this particular schedule with great interest. I also want to do a shout-out, Mr. Speaker, to my colleague the Minister of Citizenship and Immigration because tomorrow I've been invited back to one of her high schools, Western Collegiate, which is where I started my public health nursing. I was their nurse. I was dealing with immunization and suspension. How timely, as I'm speaking about this bill and why this bill is important to all Ontarians, especially our youngest citizens.

If passed, we are choosing to vaccinate our children to protect them from disease and also protect vulnerable children who can't get vaccinated for a variety of reasons.

1340

As we speak today, I just checked the Toronto Public Health website. There are 66 cases of mumps right now

that Toronto Public Health is investigating, and that's a concern. The other piece is that about two years ago, there was a measles outbreak in the city of Toronto.

These vaccinations are very, very important to the health of our youngest citizens. That's why the Minister of Health and Long-Term Care is making amendments to this particular bill to ensure that parents keep their child's immunization records up to date.

I know as a parent, Mr. Speaker, you yourself know that we have been giving out those yellow cards, the infamous yellow cards, to keep all the immunization records up to date. Well, we also know that parents move. Those immunization cards—the President of the Treasury Board is nodding her head. She knows what I'm talking about, as a former Minister of Education—that if these cards are lost, guess what? The child can get suspended. If this legislation is passed, it will make it easier for parents and reduce unnecessary suspensions due to out-of-date immunization or the loss of records. Why should a four-year-old child lose out on a day in school because of the loss of a yellow card?

The changes would also make keeping track of the child's immunization record easier for parents and for public health as well, which will contribute to the health and well-being of all Ontarians.

Strengthening the exemptions and recording requirements for school-based vaccinations is part of Immunization 2020, the Ontario five-year strategy to improve its publicly funded immunization program.

The other piece here is that we also have to remind everybody who is watching today, and also my colleagues, that there is a burden for parents who currently have to report themselves and whose child may face suspension. When the letter comes out through Toronto Public Health to a local school board, somebody has to deliver that letter. Oftentimes, the principals have to do that difficult task because they are enforcing the legislation.

If passed, the legislation also advances the Immunization 2020 vision of a province-wide registry. Last week, all of us had an opportunity to meet with a stakeholder, meaning the Ontario Medical Association. They are supportive of this kind of initiative to have province-wide tracking of all immunizations, to ensure improvement in service delivery, but more importantly, to modernize the immunization system.

Finally, Mr. Speaker, in my limited time, if passed, the legislation would require parents or guardians who are considering not immunizing their child for non-medical reasons to participate in education sessions delivered via a public health unit in their municipality.

I remember doing that for a long, long time. As someone who has been in public health, this is of critical importance. We have got to make sure, before you exempt your child from being immunized, that you have been educated, you have been informed and, most importantly, that you make the right choice for the health of your child.

I encourage everyone to consider this particular bill and move this legislation forward, because September is

around the corner. We want to make sure this legislation is ready for the next school year so that every young person is immunized and, if they can't be immunized, that there is an information session for the parents or the guardians.

The Acting Speaker (Mr. Ted Arnott): The Minister of Indigenous Relations and Reconciliation.

Hon. David Zimmer: Thank you, Speaker. I do want to speak to Bill 87, the Protecting Patients Act, and I want to just touch on about seven points, but very briefly.

What this legislation is going to do is strengthen the sexual abuse provisions in the RHPA. How do we go about that? The first thing we're going to do is better define and clearly define what constitutes a patient-provider relationship. That's the very first step. Is there a patient-provider relationship? When we define that, then we are going to move into certain protections, if you will, or prohibitions, once that relationship is defined. The act will clearly define that relationship. Right now, there is, in some situations, some ambiguity about whether that patient-provider relationship exists.

Once the relationship has been defined, the act will clearly prohibit sexual interactions between regulated health professionals and former patients for a minimum of a year after the end of the patient-provider relationship. It will give each college the regulation-making authority to extend this period of time with respect to their own members where appropriate. It will expand the list of acts of sexual abuse that result in mandatory revocation of a health professional's licence. It will introduce mandatory penalties, and so on.

The second thing that the bill will do, if passed—and this is very important—is enhance patient supports throughout the complaints, investigation and discipline processes. It obviously is a very difficult and stressful time for a patient involved in a complaint. There need to be supports and guidance throughout that very difficult process. This bill will ensure that that assistance is available.

The third thing that the bill does is it improves the complaints, investigation and discipline processes themselves. Essentially, it will provide regulation-making authority for the college to clarify the various responsibilities and functions regarding the parties and the investigators to a complaint and the process and progress of a discipline process. There are provisions that will allow a panel of the Inquiries, Reports and Complaints Committee to more expeditiously impose time limits, term limits, and conditions on various aspects of the process.

The other thing—and this is important too, because there are cases where these complaints may be, in some cases, enhanced or otherwise resolved by the use of an alternative dispute resolution mechanism that will be set up by the health regulatory colleges. That's another way of dealing with a complaint, short of a formal disciplinary hearing: an alternative dispute mechanism.

The fourth thing that the bill does is that there are aspects of the bill which will modernize the college

governance rules and regulations. The new regulation-making authority for the minister will be available for the minister to establish requirements regarding the composition of committees that each college is required to have, as well as the composition regarding the various panels within the college.

The fifth thing that the bill tackles is to increase the transparency of health regulatory college processes. It's important that the public understand the processes and that the public can follow them in a way that's appropriate. What the bill does is expand minimum requirements for the information that colleges have to provide on their public registers, including cautions and undertakings and other ways in which information has been noted on a health care provider's record.

I want to just take—well, I guess my time is up, so I'll summarize it by saying that those six points that I've covered really do modernize health care disciplinary proceedings in Ontario.

The Acting Speaker (Mr. Ted Arnott): The President of the Treasury Board.

Hon. Liz Sandals: I'm pleased to also join the debate on Bill 87 this afternoon. I, too, would actually like to focus on the part that protects patients from sexual abuse.

I do want to note that this act has several schedules—five, actually. One is to protect patients from preventable disease, and my colleague talked about that; to protect patients' access to care; to protect patients' right to medical benefits; and to protect patients by encouraging a healthy and active lifestyle.

I would like to focus on schedule 4. Schedule 4 will amend the Regulated Health Professions Act. The purpose of the amendments is to strengthen, uphold and further reinforce a zero-tolerance policy on patient sexual abuse by any regulated health professional. Acts of professional misconduct involving the sexual abuse of a patient are simply always unacceptable.

1350

As various people have touched on, amongst the amendments that we would see is expanding the list of acts that would result in the mandatory revocation of a regulated health professional certificate of registration. In other words, if you sexually abuse a patient, you lose your licence to practise medicine in whatever health profession you're registered.

One that's interesting: Removing the ability of a college to impose gender-based restrictions on a regulated health professional's certificate of registration. The concern that is being addressed here is that historically—let's presume that we had a doctor who has abused female patients. In many cases, the way that has been dealt with is simply to say, "Oh well, this person can't practise medicine with females, but go right ahead and treat males." While it changes the patient mix, it really isn't a penalty. This makes it very clear that if you abuse a patient, you lose your right to practise whatever that health profession is.

My colleague mentioned that there would be an increasing transparency and an increasing requirement

for colleges to actually post the investigations and the discipline with respect to sexual abuse, which hasn't always happened, clearly, on the public registries. It's also going to increase the fines for health professionals and organizations that fail to report an allegation of patient sexual abuse. For example, if a hospital or a community health centre was aware of allegations, it is obliged to report the allegations, and then the college's investigation and disciplinary process would sort this out.

This is very similar to amendments that we made to the college of teachers act a few years ago. One of the things that was characteristic then was that the support within the sector for the change in the legislation was really quite all-encompassing; not just the college itself, but the unions, the school boards, the administrators, parents—everybody supported the change to the act. We had good public support. Here, I think we had support from both of the opposition parties.

I was quite astounded last week when we heard from one of the Conservative members, from Carleton-Mississippi Mills, that he was critical of a zero-tolerance policy for sexual abuse. I want to make it very clear that our government's position is that there should be zero tolerance for sexual abuse, no matter what the circumstances. Particularly, when you're in a position of power, be it a teacher or a doctor or a nurse or whatever that professional purpose is, there should be zero tolerance. That is what this act would enforce.

These acts are rare, but when they do occur, as a society we need to deal with them.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Monte McNaughton: I'll be speaking in more detail to this bill later on this afternoon, but I'm happy to provide some questions and comments regarding Bill 87, An Act to implement health measures and measures relating to seniors by enacting, amending or repealing various statutes.

Speaker, this is yet another omnibus bill that this government is bringing forward, with far-ranging changes affecting 10 different acts, packaged under a very benevolent-sounding title—in this case, the Protecting Patients Act. We know that this bill was introduced back in December, and here we are in April debating it. So it doesn't seem that this was constructed as an omnibus bill for the purpose of expediency. What seems more likely is that this format prevents too much scrutiny from being focused on any particular measure, limiting the amount of time available to debate and discuss these important measures.

On that note, I want to thank our health critic, the MPP for Elgin-Middlesex-London, for his work in examining this large and expansive piece of legislation, Speaker. I think he did an excellent job of highlighting some very concerning issues with this particular bill, Bill 87, as well as bringing forward perspectives which have been largely ignored by the Liberal government.

Just last week we had representatives from the OMA at Queen's Park—I'm sure they met with a number of

government members as well as opposition members—and they raised some concerns about a number of bills. Whether it's 84, 87 or other ones, it just seems like they have concerns that are being largely ignored by this government.

I know there are going to be many amendments brought forward by the opposition and third parties, as well as stakeholders, when this bill goes to committee, and I hope that the government will take seriously these concerns that they'll hear at committee.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Peggy Sattler: It's a privilege for me to rise to offer a couple of thoughts about Bill 87, the curiously titled Protecting Patients Act. I want to focus on schedule 5, which repeals the Elderly Persons Centres Act and replaces it with the Seniors Active Living Centres Act. The reason I mention the title is because I don't see any connection between the title of that bill and schedule 5. This is certainly what my colleague the member for Nickel Belt pointed out as she spoke to the bill during her one-hour lead. Speaker, it would have been a wonderful opportunity for this Legislature had this been taken out of this bill and treated separately. It would have been a wonderful opportunity to really talk in a meaningful way about what seniors need to have active and healthy living, what seniors need to reduce social isolation and engage in life-long learning.

I want to brag a bit about my community of London. London was the first Canadian city to join the World Health Organization's age-friendly cities initiative. We have done so much work in our community to ensure that we are an age-friendly city and that there are programs and services in place for seniors. There's a lot of expertise that could have been drawn on to really flesh out what we need to have active living for seniors.

An interesting thing in my community: There was a survey that was conducted in the fall. They asked older adults in London, "What are the top issues?" One of the things that emerged at the top of the list was housing affordability. Not just finding affordable housing, but also maintaining housing: paying those huge heat and hydro bills that are really creating so much pressure for people across this province and, in particular, seniors on fixed incomes.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Hon. Helena Jaczek: I'm pleased to just add my two minutes' worth on Bill 87. As our colleague from Lambton-Kent-Middlesex pointed out, it is a very comprehensive bill. It does put together a number of issues that will protect patients, areas where our government has been consulting for some time, and very exhaustively in some regards.

My colleague the Minister of Indigenous Relations and Reconciliation did talk to a number of the provisions that are strengthening the zero tolerance policy. I'm sure these are all very useful, and this will make it abundantly clear that in fact our government is totally committed to a

zero tolerance policy for sexual abuse, in this particular case where it involves health professionals.

This is nothing new. I have been a licensed physician in Ontario for over 40 years, as it happens, and the College of Physicians and Surgeons has always made this incredibly clear. Every physician receives on a quarterly basis or so the disciplinary hearings that the college engages in. Through the years, there have been a number of cases of sexual abuse where a physician has been disciplined. The stories that are involved, the case histories of these hearings, are particularly useful. Any physician who has read those disciplinary hearings has to be entirely clear that there's absolutely zero tolerance for this really quite extraordinarily harmful crime.

1400

I'm extremely pleased to see the provisions that help increase timely access to funding for patient therapy and counselling when a complaint of patient sexual abuse is made. This is an excellent bill, Mr. Speaker.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Pettapiece: I would like to take this opportunity to add a few comments to the speeches given by the government side.

The government side has said that this is quite a bill and it's a great bill, yet we have different groups speaking out against this bill—or maybe not speaking out against the bill but wishing that some things in the bill shouldn't be there.

There are different parts to this bill. The government has put many things together in the bill, and probably doesn't give us the opportunity to properly debate all sections of the bill as we maybe should have an opportunity to do. As you will hear later on when I give my 20-minute speech, the OMA has some real concerns about this bill which they don't think have been addressed by this government. Even when the OMA has offered their comments to it, the government seems to ignore them.

Certainly, one of them has to do with the steps to gain access to personal health information of individual doctors and patients. This is a real concern that I think we have on just how far-reaching that is, and the OMA has expressed concerns about that.

Also, one of the points that I'll make in my speech has to do with paperwork. It seems that whenever these bills come in that the government puts forward, whether it's this bill or other ones, there's an abundance of paperwork to do, and that takes time and money away from front-line health care. This is going to add a considerable amount of paperwork to the physicians' or health care workers' day. It's certainly something that we have a real concern about.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. The member for Scarborough-Agincourt can respond.

Ms. Soo Wong: I want to thank the member from Northumberland-Quinte West, the Minister of Indigenous Relations and Reconciliation, the President of the Treasury Board, the opposition member from Lambton-

Kent–Middlesex, the member from London West, the Minister of Community and Social Services and the member from Perth–Wellington.

I listened attentively to the comments made by the member from Perth–Wellington about the cumbersome paperwork. That's a given; this is health care. Every health practitioner in Ontario is given and required to do documentation.

Yes, the piece regarding the amendments to schedule 1 will hopefully improve the communication but also the deficiency piece.

To say that we don't document—as a former nurse, I would challenge anybody who would say that. It's very important that documenting is timely but, more importantly, that we document appropriately.

The other piece is, I also heard very clearly from the member from London West dealing with the issue of seniors and housing. That's why I'm very pleased our government, through the Minister of Seniors Affairs, has continued to fund the seniors' grant, to keep seniors healthy and active in the community.

I certainly hear your comments about affordable housing and seniors. It is a concern, not just dealing with the seniors' population. I live in the city of Toronto, and housing in general is a concern.

Mr. Speaker, I was very pleased that my colleague the Minister of Community and Social Services is weighing in about this particular bill—because she and I are both coming from public health—and is consciously aware of why this type of legislation is required.

Yes, it is a very robust bill, because there are multiple schedules, but it's very much patient-centred.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Norm Miller: I'm honoured to rise today to speak to Bill 87. I'd like to thank my intern, Hannah Forsyth, for the research she did on this, and also Lesley Daw for her research on this bill.

The government's title for this bill is the Protecting Patients Act. Yes, one aspect of this bill is very much about protecting patients, and we support that section. But, really, the bill amends 10 different acts and does a whole lot of things above and beyond protecting patients. The long title of the bill represents the contents much better: An Act to implement health measures and measures relating to seniors by enacting, amending or repealing various statutes.

As the member for Elgin–Middlesex–London said, our caucus and the Ontario PC Party fully support zero tolerance for sexual abuse, especially by trusted medical professionals. I recently used a private member's statement to speak about the number of alleged sexual assaults that are not investigated. As you may remember, the *Globe and Mail* concluded a special report that revealed that one in five sexual assault claims in Canada are dismissed by police as unfounded. As I told this Legislature a couple of weeks ago, it was heartbreaking to learn that two communities in my riding of Parry

Sound–Muskoka are ranked the third- and fifth-highest in Canada for dismissing sexual assault claims.

All sexual assault claims must be taken seriously. It is always difficult for someone to speak out and admit they have been sexually assaulted, but it would be that much more difficult when the person by whom they were assaulted is a trusted professional. So, as I said, we all support the zero-tolerance policy for sexual assault by health care providers, and if that aspect of this bill was introduced as a stand-alone bill, we would be more than happy to support it immediately.

However, this bill has a number of aspects, some of which are quite technical, so we need to make sure we understand all the ramifications before we come to a conclusion about this bill. I look forward to the public hearings on this bill so we can hear from health professionals and patients about how this bill would change health care delivery in Ontario.

In reading the bill, I did find one other aspect I can immediately support. That is the change to the Ontario Drug Benefit Act to some products prescribed by nurse practitioners to be covered by the Ontario Drug Benefit Program. This will help those, particularly in the north, who live in remote areas and who are served by nurse practitioners. Mr. Speaker, in my riding of Parry Sound–Muskoka, I'm very fortunate to have a number of nursing stations that are served by a nurse practitioner. They are very much loved in the communities they are in and they do a great job of primary care. They are located in places like Britt or Pointe au Baril or Moose Deer Point First Nation or Wahta First Nation or Whitestone or Rosseau. More recently, we've got two new nursing stations, one in Port Carling and also one in Dorset. I think Parry Sound–Muskoka sets some sort of record for the number of nursing stations run by nurse practitioners, and they are very successful.

Some of the changes proposed in this bill raise other questions about this government's management of the health care system in Ontario; for example, the requirement that doctors report all vaccinations to their local chief medical officer. That sounds reasonable at first read, but when you think about the fact that it is 2016, and this government has been working on instituting electronic health records since they were first elected in 2003, it makes you wonder what they've been doing all these years. We all know the history of eHealth: the millions of dollars wasted, the untendered contracts to Liberal-friendly consultants.

The most recent chapter of this story comes from the Auditor General's annual report that came out last December. The headline of her news release says it all: "eHealth Still Unfinished After 14 Years And \$8 Billion"—this despite the government's commitment in 2008 to have an electronic health record for every Ontarian by 2015. Mr. Speaker, I've been here long enough now that I've heard a few commitments from the government. I think the one ending coal-fired generation set the record. It was supposed to happen, I believe, in 2007, and every year they kept pushing it back another

year. About a dozen years later, I think it was, it was finally achieved. So they don't have a great track record of meeting their commitments. I still remember the "no new taxes" commitment, and then, right after that, they brought in the big health tax.

In the auditor's report, she noted that eHealth "lacks the authority to require all health care providers to upload data and the ministry has not used its authority to require it." The amendment in this bill requiring health care practitioners to report vaccinations is a tiny first step towards requiring them to upload their patients' medical records into the electronic health record system.

1410

The bill we are debating today, Bill 87, also amends the Laboratory and Specimen Collection Centre Licensing Act. It is interesting to note that as part of her review of eHealth, the Auditor General reviewed the Ontario Laboratories Information System and determined that it was not completed. I'll read her comments on this:

"The Ontario Laboratories Information System, a database designed to include lab tests done in hospitals, community labs and public health labs, did not have three of the five promised functionalities working at the time of our audit. As a result, health care professionals were not able to electronically order lab tests for patients, retrieve lab orders, or refer lab tests to other sites or labs if the receiving lab could not conduct the tests. In addition, the database did not contain about 40 million tests, including some conducted either in physician offices or labs in certain hospitals and the community that were not yet contributing to the database, and all those not paid for by the Ontario Health Insurance Plan."

Does this mean that if my—

The Acting Speaker (Mr. Ted Arnott): The member for Lanark-Frontenac-Lennox and Addington.

Mr. Randy Hillier: I don't believe we have a quorum present.

The Acting Speaker (Mr. Ted Arnott): Could you check and see if there's a quorum?

The Acting Clerk-at-the-Table (Ms. Joanne McNair): A quorum is not present, Speaker.

The Acting Speaker ordered the bells rung.

The Clerk-at-the-Table (Ms. Tonia Grannum): A quorum is now present, Speaker.

The Acting Speaker (Mr. Ted Arnott): Thank you very much.

Before I recognize the member for Parry Sound-Muskoka again, I want to welcome the former mayor of the city of Mississauga who is here with us today, Hazel McCallion. Welcome to the Legislature again. It's great to have you here.

The member for Parry Sound-Muskoka.

Mr. Norm Miller: I guess, Mr. Speaker, that the government doesn't seem to want to hear my speech this afternoon. I was talking about laboratories. Hopefully they'll remember the train of thought that I was on.

Does this mean that if my family doctor sends me for a test in my riding and a few weeks later I go to an emergency department here in Toronto with a similar issue,

they may not be able to access the results of my earlier tests and may have to repeat the tests? We all know that our health care system is overburdened, and because the results of some 40 million tests aren't yet uploaded into the electronic health record, we might be repeating tests unnecessarily. How much money are we spending each year doing repeat tests because eHealth is not yet a reality in Ontario? While I'm interested to understand more about the changes that the government is making to the act regulating labs, I wonder whether the minister should have been focusing his attention on getting this aspect of the electronic health record fully functional.

Getting back to the contents of the bill, as I have mentioned, this bill would require doctors and other health care providers to report any vaccinations to their local chief medical officer. As I said, this makes sense, but eHealth should have made this unnecessary years ago.

Another change to the laws surrounding vaccinations in this bill is a requirement that parents seeking an exemption for their children from the immunization requirements based on non-medical reasons will have to attend a seminar delivered by the public health department. I agree that educating people about the benefits of vaccinations is a good idea, but I have some questions about this plan and how effective it may be. My colleague from Elgin-Middlesex-London questioned whether or not such a seminar would really change anyone's mind, and I think that's a valid question.

Beyond the effectiveness, let's discuss the practical implementation. How is it going to be done in rural and remote areas like northern Ontario? Will these seminars be done in person, or are they going to be done with online classes? Either option is problematic in northern Ontario, where the population is spread over a large area and where high-speed Internet is not widely available.

I also wonder how the details of this will work. Let's consider parents with four children who object to a vaccination. One or both parents attend the seminar when their oldest child is getting ready to go to school, and they get an exemption. Will they be required to attend the same seminar when they apply for an exemption for the next child? Over the years, will they have to attend the same seminar four times? Does this government not trust that their doctor has explained to them the benefits of vaccination already?

My colleague from Elgin-Middlesex-London said he was told that there would be no new funding to help deliver these classes. Health units could apply for some funding to help create the program, but there wouldn't be any new funding to help deliver the program. If there's no new funding to deliver this program, but a member of a local health unit has to drive an hour to a remote town to do a seminar, how is the health unit supposed to pay for that? We all know their expenses are going up, just like everyone else's. Their hydro bills have certainly gone up. Their public health nurses, who travel around their jurisdiction, have to pay more for gas because of this government's cap-and-trade tax.

We all know that our health care system is stretched thin, to say the least. Any added responsibilities without added funding just make the problem worse. In this case, it is added responsibility to implement a program, but there's no funding to deliver the program, no plan as to how to deliver the program, and we really don't know how effective it will be anyway.

Speaker, I would say this is another example of a plan drawn up quickly as a result of some bad press about immunization rates. I would say that, except the C.D. Howe Institute reported that Ontario was failing to meet national vaccination targets more than two years ago. The report came out on March 12, 2015, to be exact, and the Star ran an article about it at the time.

This bill does address one issue the C.D. Howe report flagged, and that is the lack of reliable data about vaccination rates in preschool-aged children in Ontario. By having health care professionals report all vaccinations they give, that should address this problem. Of course, a working eHealth system would have addressed the problem as well.

This bill also includes a section which allows the minister to request personal health information about a member of a health professions college. Specifically, the explanatory note reads: "The minister may require the council of a health professions college to include in its reports to the minister personal information and personal health information about any member of the college to the extent necessary in order to allow the minister to determine if the college is fulfilling its duties and carrying out its objects or if the minister should exercise certain of the minister's powers." It does go on to say, "Personal information and personal health information shall not be included if other information will suit the purpose, and no more than is necessary shall be included."

This is definitely concerning to me and, I'm sure, to many health care practitioners. Why does the minister need this information? Who will determine what information is necessary and whether other information will suit the purpose? Is that a decision the colleges can make, or will that be up to the minister?

My initial reaction is that this is an unnecessary power, and that it could be open to abuse. If the minister can explain why he believes he might need this information, that would be helpful. Without understanding exactly what problem this amendment is trying to address, and without limits on why the minister could request information, what information he may request and what he could do with the information, I am troubled by this. I hope that the minister will explain what the purpose of this amendment is and why he brought it forward.

1420

I'm sure that we will hear from many health care professional associations about this. I know that the OMA has spoken out against this amendment, and I hope that we will have the opportunity at committee to hear from them and other associations. I want to take this opportunity to encourage the Ontario Nurses'

Association, the Ontario Pharmacists Association, the Ontario Dental Association, the Ontario Dental Hygienists' Association, the Registered Practical Nurses Association of Ontario and the Ontario Chiropractic Association—I could go on, but I encourage all regulated medical professional associations to keep an eye on this bill, and when it gets to committee, please come and let us know what you think of it. You are the professionals, so you know best what the impacts will be.

The next section makes more sense: that the minister may request colleges to collect information from their members for the purpose of health human resources research. This I'm okay with as long as the information given to the minister is statistical. I can see that the minister might need to know how many family physicians are between the ages, for example, of 55 and 65 so that he can plan for how many new doctors we may need in the future. However, the minister should not be able to request information about a single member; just statistical information about the membership of the college.

This bill also gives the minister the power to make regulations respecting college committees and panels. This is a very broad power. I suspect the minister will say that this is so he can make changes to complaints committees who review sexual assault obligations. But this gives him the power to make changes to any committee of the colleges. Why is this necessary?

I want to read the specific sections of this bill that we are talking about here. The following amendments are to subsection 43(1) of the Regulated Health Professions Act, which is a list of things the minister is empowered to make regulations regarding:

—"respecting the composition of committees that a college is required to have pursuant to subsection 10(1) of the code and governing the relationship between such regulations and the by-laws of the college;

—"respecting the qualification, selection, appointment and terms of office of members of committees that a college is required to have pursuant to subsection 10(1) of the code and governing the relationship between such regulations and the by-laws of the college;

—"prescribing conditions that disqualify committee members from sitting on committees that a college is required to have pursuant to subsection 10(1) of the code and governing the removal of disqualified committee members and governing the relationship between such regulations and the by-laws of the college;

—"specifying the composition of panels selected from amongst the members of the Registration Committee, Inquiries, Complaints and Reports Committee, Discipline Committee and Fitness to Practise Committee for the purposes of subsections 17(2), 25(2), 38(2) and 64(2) of the code, and providing for quorum for such panels."

These powers are being added to an existing list of powers the minister has to regulate things like the use of the title "Doctor" and the names of health care corporations. Only one of the other clauses in this subsection has anything to do with colleges, and allows the minister to set out the role of the college specifying things they might do.

Our health care professionals are self-regulated, but if this passes, I'm not sure how self-regulating they will be going forward. If this government wants to change the entire regulatory system of our health professions, that should involve much greater consultation and a full debate on just that issue.

While this bill does amend a number of different acts, it does not address a number of issues facing Ontario's health care sector.

Mr. Speaker, instead of the government seeking unnecessary access to personal health records of health care professionals, the government could be addressing the regional disparities in our health care system. A study from the Institute for Clinical Evaluative Sciences and the Sunnybrook Schulich Heart Centre found that the rates of heart attacks, strokes and cardiovascular disease depend on where you live in Ontario. The study has revealed that people in northern Ontario face nearly double the levels of cardiovascular health issues of those living in the GTA. I represent a northern riding in Ontario, but even if I did not, I would find that statistic simply unacceptable.

We expect universal health care in Ontario. However, this is clearly not the case. The study indicates that the three healthiest LHINs were all in the GTA, and the four least healthy LHINs were the North East, North West, North Simcoe Muskoka, and Erie St. Clair LHINs.

Why are cardiovascular health outcomes worse for northern Ontarians? People in rural areas are less likely to receive preventative screening tests or visit a family doctor. In addition, they are more likely to be obese or smoke, and have a low intake of fruits and vegetables. The inadequate access to care in rural communities is not a surprise to northerners. Every day they must navigate a health care system with reduced access to lab testing and lower physician-to-patient ratios. Meanwhile, their counterparts in Toronto have increased access to doctors, screening and better education.

Mr. Speaker, I can see I'm running out of time so I'll do my conclusion in my two minutes I have to respond to the members.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

M^{me} France G  linas: It was interesting listening to the member. Some of the cautions he brought before us I fully agree with. Why would the Ministry of Health, the Minister of Health, need to have access to health professionals' personal information or, even worse, health professionals' personal health information, when we all know that the bond between the provider and the patient needs to exist for quality care to take place? Any time you put this relationship in jeopardy, you jeopardize the care.

I don't get it. They did that in the Patients First Act. They're doing this again with the Protecting Patients Act. I don't support this. There has to be another way to do your work that will protect the personal health information of health professionals. I have no problem with the ministry having access to information that is not

identified. He gave the example of the number of physicians or nurses over the age of 60 still working. I have no problem with that—but not the names, not the personal health information.

It's quite weird that the bill is called the Protecting Patients Act. I mean, an entire schedule, schedule 5, has to do with changing the name of the elderly persons centres into a new name. This has nothing to do with protecting patients from anything, because you know what, Speaker? There are no patients in elderly persons centres. There are clients; there are participants; there are all sorts of people there. But there's no patients there. So, it's kind of weird. I would say that long-term care would have been in need of patient protection, but not elderly persons centres.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. James J. Bradley: The member made reference to the vaccinations that are required and the changes that are being made as a result of this particular piece of legislation. It's very important, as we recognize, to keep immunization and immunization records up to date. We have seen examples—and we chatted about this in the House the other day—of new diseases, or old diseases which have come back. We hear considerable information being disseminated in the media these days about mumps coming back, for instance. Some hockey teams have had a number of players who have been afflicted with the mumps. They probably thought they would never get the mumps. We've had cases of measles which have been showing up.

While they sound like relatively minor afflictions, in fact, the ramifications of these can be rather dangerous to the patient. In some cases it's fine. I think one of the members opposite made reference last time to the fact that many of us of a certain vintage had all these diseases and we're now, I guess to a certain extent, immunized by the fact we had them. But there were a number of people who were confronted with things such as measles or whooping cough or mumps who in fact ended up with consequences which they probably didn't anticipate at the time. And some of them were with them for an entire lifetime.

The changes that we have made, trying to provide information to those who for non-medical reasons want to have their child not be immunized, being able to sit down with them and explain why it's important, and get all the information before they make a final decision, is important. That's why I think when the member made reference to immunization, we recognize in this bill that this is a significant change which will benefit patients.

1430

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Hillier: It is a pleasure listening to the debate this afternoon on Bill 87. But once again, Speaker, I'll say this: We have another health care bill in front of the House which will do actually nothing to help patients. This is the second one in recent months. Bill 41 was another bill that did absolutely nothing to help patients.

This government spends all its time shuffling the paperwork on the Titanic of government ministries, but doesn't actually do anything.

I want to draw the House's attention to a letter I received from the South East LHIN a year ago, in April 2016. It says that there are 78 long-term-care beds temporarily out of service in the LHIN. This is since September 2012. This is a year ago that the LHIN wrote a letter saying that there were 78 long-term-care beds that were temporarily out of service. But, lo and behold, "we think we're going to get them reallocated," and they sent this letter.

They're still not reallocated. Since September 2012, when that long-term-care facility in Picton, Ontario, closed down, those 78 beds have not been utilized.

Speaker, as we all know, in this area, over 800 people are waiting for a long-term-care bed, and there are 78 licences that this government can't allocate after five and some years. Now, if they were actually interested in helping patients, they'd get those 78 beds allocated.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Peggy Sattler: It's a pleasure for me to rise on behalf of my constituents in London West to respond to the comments from the member for Parry Sound-Muskoka.

As he pointed out in his speech, what we have before us today under the title of the Protecting Patients Act is actually an omnibus bill. There are five schedules. They are all completely different and only loosely connected, if at all. In fact, I feel sorry for any Ontarians who are trying to follow this debate and trying to understand what this bill is about, because we are really speaking about five different pieces of legislation and there is almost no thematic linkage between any of the schedules in the bill.

But I did want to comment on two of the schedules that merit some additional consideration.

The first is around the new regulatory framework for laboratories, and that is set out in schedule 2 of this bill. These amendments would modernize—a word the Liberal government loves to use—the community laboratory sector by introducing more flexibility in regulating this sector, updating the funding model, ensuring that services are safe, and addressing service delivery charges in northern and rural areas of the province.

Speaker, we need to hear from people in the sector as to what the implications of these changes are, because we, as New Democrats, on this side of the House, are very concerned about the implications of these changes on access to community laboratory services. We believe that laboratory services should be regulated in the interests of the public and not in the interest of private profits.

The Acting Speaker (Mr. Ted Arnott): That's four questions and comments. We return to the member for Parry Sound-Muskoka for his response.

Mr. Norm Miller: I'll just finish off the comment I was making. As it stands now, there's roughly a 15% difference in health levels between different regions. It is unacceptable today that where you live in Ontario is a

determinant of your cardiovascular health. Therefore, the government should be improving access to preventable health care across Ontario as opposed to demanding superfluous health records of professionals.

Mr. Speaker, I'd like to thank the member from Nickel Belt, who, in her comments, talked about the concerns with health professionals' personal information in this bill; and the member from St. Catharines, who talked about the vaccination sections and some of the diseases that we don't hear about much. He mentioned mumps. I recall, as a child, that being fairly common. But because of vaccinations, it's been largely done away with.

The member from Lanark-Frontenac-Lennox and Addington brought up a concern with Picton: the fact that they've had unallocated long-term-care beds, 78, since 2012. I can tell you that that's something in my own riding, in Huntsville, where they want to redevelop the Fairvern long-term-care home. They're looking to pick up a few beds to make it economic. Around 100 is the right number to be able to make it sustainable, I should say; not economic, but sustainable. I think it's important, with the huge lineups for long-term-care homes, that the government get on the ball and get these back in service, because it's really important across the province.

I also thank the member from London West for her comments. I think it's really important that all the various health professionals' groups get an opportunity to comment on this bill at committee. I look forward to hearing what they have to say at that time.

Mr. Randy Hillier: Speaker, point of order.

The Acting Speaker (Mr. Ted Arnott): Point of order, the member for Lanark-Frontenac-Lennox and Addington.

Mr. Randy Hillier: I don't believe we have a quorum present.

The Acting Speaker (Mr. Ted Arnott): I think you're right, but I'll ask the table to double-check.

The Clerk-at-the-Table (Ms. Tonia Grannum): A quorum is not present, Speaker.

The Acting Speaker (Mr. Ted Arnott): Call in the members.

The Acting Speaker ordered the bells rung.

The Clerk-at-the-Table (Ms. Tonia Grannum): A quorum is now present, Speaker.

The Acting Speaker (Mr. Ted Arnott): Thank you. Further debate?

Ms. Jennifer K. French: As always, I appreciate the opportunity to rise in this chamber and speak on behalf of my constituents in the fair riding of Oshawa as we discuss this piece of legislation, Bill 87, the Protecting Patients Act.

I also appreciate having the opportunity to speak for a full 20 minutes today because this is a long bill. This government has crammed a whole lot into this one bill, just as they have so many times before. Rather than allowing us the opportunity to debate each issue independently, as each issue would deserve, they've piled them on top of each other so that we have a fraction of the time

allotted to review and debate what are some extremely important concerns.

This bill, as we've heard, actually amends five different acts. Schedule 1 is the Immunization of School Pupils Act. Schedule 2 is the Laboratory and Specimen Collection Centre Licensing Act. Schedule 3 amends the Ontario Drug Benefit Act, schedule 4 the Regulated Health Professions Act and, lastly, schedule 5 deals with the Seniors Active Living Centres Act. You've heard this before, Speaker, but there's a lot in this bill, so I thought I'd remind us.

It's a lot of ground to cover in one bill and a lot of issues that are completely independent of one another. It's as if this government looks for whatever possible connections they can make, just to shove more issues into a single box. If I'm being creative and trying to think like the government, the Laboratory and Specimen Collection Centre Licensing Act and the Seniors Active Living Centres Act both use the word "centre," so that's a definite link. I am proud that we came up with that.

1440

But honestly, I wouldn't be surprised if this government began piling ministries on top of ministries, just to make it more convenient for them one day.

So here we are with an omnibus bill. Each schedule should have been introduced as a separate bill, to allow full debate on each issue, from immunization of students, to nurse practitioners prescribing, to the seniors' active living centres, to protecting patients from sexual abuse. These are all very significant issues that each deserve dedicated time and debate.

We're not supposed to talk about that, though, or pay attention to that. What the government wants us to remember—what they always seem to want us to remember—is the fabulous title. The Protecting Patients Act—who wouldn't want to protect patients? In fairness, there is some significant stuff in this bill that definitely sets out to protect some patients, so it's a great name. I give them that; they do that very well. But that's just about all I can give them credit for today. But I digress, Speaker.

If we get down to it—I'd like to talk about what "protecting patients" in this bill really means. We'll look at schedule 4, which is the Regulated Health Professions Act, which is meant to improve disciplinary processes in cases where health care providers are alleged to have sexually abused patients or have been found guilty of sexually abusing patients.

I'm going to start out and be very, very clear that there must be zero tolerance for sexual abuse, full stop. The patient-to-practitioner relationship is a relationship based on trust, confidentiality, professionalism and influence. There is a power dynamic that must be taken into consideration. When individual providers violate that trust and engage in inappropriate activities, including sexual abuse, it does tremendous damage to their patients' lives.

This should not be a controversial issue. Health care providers, health care facilities and health professions'

regulatory colleges all share the belief that there must be zero tolerance for sexual abuse.

Unfortunately, in Ontario, we have seen too many cases of sexual abuse of patients where the rights of those patients were not protected and appropriate disciplinary action was not taken, so here we are to remedy that.

Society has known about this. It has been a fix that, unfortunately, has been a long time coming. But we are here, we're having this conversation and we're going to make this change.

Action is needed—clear action—to address shortcomings in the investigation and disciplinary processes in cases where sexual abuse is committed by health care providers. That's why we really are looking forward to the committee hearings on this bill. We look forward to the amendments that will be brought forward. We know they will be thoughtful amendments. We have already been hearing from care partners and professionals who have thoughts and opinions at this point, so we look forward to working out those amendments in committee, because we have to get this bill right. It is far too important of a problem for the government or for the opposition to say how things should be, without those meaningful consultations and the careful and thoughtful amendments.

I wanted to share something from the Toronto Star. Actually, this dates back to October 2016. The title is "Ajax Doctor Stripped of Licence over Allegations of Sex Abuse, Harassment, Drugging."

I just want to point out a couple of things—not "point out." I want to share some awful stuff, frankly. As it says here, "the Ajax doctor was found to have tied up a patient, sexually abused her, injected her with narcotics, used her fentanyl patch and then tried to dissuade her from complaining to the college of physicians...."

I'll say that his actions as a physician were so egregious that, as it says here, "a discipline panel of Ontario's medical watchdog said it regretted that it could only revoke his licence once, and not multiple times." Imagine that for a moment.

"The committee is outraged by your long history of predatory behaviour in seeking sexual gratification from those who held you in a position of trust and power. You shockingly abused that power.

"Your manipulation of narcotic prescribing to advance your sexual needs and your own drug-seeking and to garner personal financial gain is outrageous beyond belief."

I don't want to leave that hanging there. I want to include also part of the victim impact statement from one of multiple victims of this particular doctor.

"She wrote of how it took her years to trust her psychiatrist and family doctor and how she would relive the sexual abuse in her nightmares."

"I trusted you to take care of me, to make decisions always in my best interest," she said. "Instead, you took advantage of me for your own personal pleasure. You are a monster. You should never be allowed to provide medical care to any women ever again. You use your

medical practice to prey on vulnerable women, feeding them narcotics until they become addicted to the drugs.”

Speaker, I can't even imagine or fathom this scenario or one like it. So to be here in this Legislature, talking about an issue that we know to be something that is not a one-off, it's very important to recognize that we do get this protection right. This cannot be allowed to continue. We have to make this stop, very clearly.

Looking at what is included in this section of the bill, it will amend the Regulated Health Professions Act and Health Professions Procedural Code to allow a college to make an interim suspension of a member's registration as soon as a complaint is received, instead of waiting for the matter to be referred for disciplinary proceedings. That's key, that immediate piece, right away. That has to happen. We know that so many instances of abuse, assault and personal violation go unreported. I'll get to that as well, because there's a report that that was the finding, that so much is unreported—but as soon as a complaint is received, to have that interim suspension.

To end the practice of imposing gender-based conditions on a member's ability to practise: As we've talked about in the Legislature—this boggles my mind—to imagine that a doctor who violates one gender of patients should then be allowed to continue treating another gender? “Oh, well, you've been found to abuse women? That's okay; treat men.” That is not acceptable. We are talking about that. We all recognize that in this Legislature, and that's good. That's shocking that that was ever a solution, but this ends that practice of gender-based conditions.

This bill will expand the grounds for the mandatory revocation of a member's registration to include additional inappropriate physical contact. I do have a question about this. I'm looking forward to having this conversation in committee and to get that feedback from partners in the community.

With that list of inappropriate sexual acts or violations, we need to be clear in the legal wording that it's not an exhaustive list. If you're going to list all of the awful things that can be done to another person, I would hate to be in the position to say, “Oh, sorry, there's another creative awful thing that you could do to a person to violate them, but it's not on the list so it's okay.” We want to make sure that the list is not considered exhaustive because, unfortunately, predators will continue to prey and be creative, and we don't ever want to give them a loophole.

The mandatory program for colleges to provide funding for therapy and counselling for patients who were sexually abused by members is expanded to apply to persons who are alleged to have been sexually abused by members: I was glad to see this. While I don't understand the nitty-gritty pieces, I'm sure that will come out in committee. When we see movements that are necessary across our societies to say that we believe her, that a victim's violation should be believed—here we have counselling and support for those who are alleging this. That's an important part of this conversation, as well.

It increases penalties on health care providers and facilities that fail to report the suspected sexual abuse of patients. That's good. No one should be allowed to be complicit or to turn a blind eye. We all need to be responsible.

These are just some of the changes contained in this section. It gives you an idea of how important the legislation is, how necessary these changes are and how antiquated the current system is, if we're still allowing doctors to practise with one gender when they've been convicted of sexually assaulting the other, which is shameful. So here we are.

1450

It's amazing how I've only got eight minutes left and I've only talked about one schedule. And you know what? That's the point of this. We've got five major pieces of legislation in here, and none of us will ever have enough time to give them the respect and the time they deserve. I'm going to skip some of this.

Anyway, I think that all of this is a part of the broader conversation about victim-blaming, about under-reporting, about victim-shaming and about access to justice. My colleagues have done a good job bringing a lot of that to light, so I'm going to maybe move on a little bit here.

One of the things I'd mentioned earlier was the report of the minister's task force. The report was called *To Zero: Independent Report of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, 1991*. Some of the things I just wanted to mention briefly were the concerns expressed by patients and advocates during that consultation process. They want more assurances that their families won't be deprived of health services, should they report; that complaints are going to be handled with fairness; that there are no comprehensive information systems available to inform patients about what to do and where to go in cases of sexual abuse by regulated health professionals.

I want to make sure that these concerns find their way into the bill, find their way into how it plays out. That's why it's important that we get this bill right. We need to restore confidence in our health system, especially where this is concerned.

The report to the minister notes that, “We are all patients,” and that, “Every patient in Ontario—that is, every Ontarian—has the right to safety in every interaction within the health care system.” That's why we have to get this right, and we look forward to spending the time in committee.

I'll move on. Gosh, I have so many thoughts to keep going on this topic and this is my window of opportunity. Okay.

Another part here is the—let's see. We'll move on, because a lot of the concerns brought forward by stakeholders on this section we will hear at committee, and I really encourage the government to pay attention. That would be great. And do something about it would be even better.

We'll move on to schedule 1, which is the amendments to the Immunization of School Pupils Act. Speaker, I don't think I'm telling you anything you don't know, or anyone else in this Legislature, that when it comes to immunizations or vaccinations, we've been hearing from different community members who have very strong thoughts and opinions on that care and about their children, so it's interesting to tuck this major piece into this bill along with a few others; right?

The proposed amendment on this section include two components: to receive a school vaccine exemption for their children, parents will be required to participate in an education session before an exemption is granted; and also improving immunization record reporting by requiring health care providers to report vaccines administered to children to their local officer of health.

As we've heard talked about, this act is going to require children attending school to show proof to their local public health unit of up-to-date immunizations against the act's designated diseases unless they have a valid exemption. The changes, however, come into play—the current requirement is that parents who seek to file a non-medical vaccine exemption for their children must complete a statement of conscience or religious belief form, have it witnessed and provide it to their local public health unit. The change comes in, though, that parents would need to complete an education session delivered by their local public health unit before submitting a valid statement of conscience or religious belief form. The government rationale is that it ensures they're properly informed, that they have access to information, and it provides an opportunity to answer questions.

Our questions that I don't even have time for as I'm watching the clock tick down, but some of our questions are: Do we see this in other jurisdictions? What do they look like? Are we looking to those examples? Also, how are we going to ensure that public health units have the capacity to implement these changes? Are we putting more money into the system? Are we going to ensure that those public health units have additional resources and funding to expand their capacity? That's a pretty basic question, so I look forward to that answer, which I'm sure I will get in questions and comments.

Schedule 2, the new regulatory framework for laboratories: We haven't heard too much about this, but it's amendments that are proposed to modernize the community laboratory sector. This is one where we're looking forward to finding out a bit more, from our partners and in committee, about what exactly the intent is and what this will look like. If the intent is to expand the access to lab services by allowing hospitals to provide the community lab services in rural and northern Ontario, fantastic. We want our northern and rural communities to have better, more predictable, fairer access to health services. But there is a question, Speaker, between hospitals labs being able to do community labs—like, hospital labs going out into the community and doing labs there versus community labs being able to come into our hospitals. I want to have a conversation with the government about

what exactly that will look like and what the intent is. So we'll get that feedback from those who do the work, hopefully, and they can enlighten us during committee.

It's amazing how quickly you have to move through this when you cram five bills into one.

Schedule 3, amendments to the Ontario Drug Benefit Act: This specifies that listed substances prescribed by nurse practitioners are benefits under the Ontario Drug Benefit Program and that a nurse practitioner can submit an application to the ministry to have a drug product considered for funding for a specific ODB recipient under the EAP. Short form: nurse practitioners would be able to practise to their full scope. We absolutely support nurse practitioner, or NP, prescribing. We think they are a crucial provider of our primary care in Ontario. We support any efforts to ensure that they can practise to their full scope. Any of our health care professionals should be able to use their professional skill set and use their professional discretion to strengthen our health care that we provide in Ontario. So, great.

Then, schedule 5: Remember, as we've talked about, this bill is called the Protecting Patients Act. Schedule 5 is the Seniors Active Living Centres Act. They are not patients. They are our elderly community members and our seniors, but we'll just tuck them in this bill, which is disappointing. When the bill was first introduced before prorogation, it was its own bill, a stand-alone bill. We would have had the opportunity to debate it, discuss it, talk about programming and resources for our seniors across communities. But here we are shoving it in, and now I'm racing through this with 22, 21, 20 seconds left—okay.

In Oshawa, we have the Oshawa Senior Citizens Centre, and it is awesome. It has four branches in Oshawa, and the work that they do, the resources that they provide—it's just fantastic. You should all come to visit. But we want to talk to groups like that and make sure we have a conversation in this Legislature about what our seniors need. Long-term care would have been a great place to start.

And I'm out of time. Thank you, Speaker.

The Acting Speaker (Mr. Ted Arnott): Thank you very much. Questions and comments?

M^{me} Nathalie Des Rosiers: Monsieur le Président, ça me fait plaisir de me lever ici, en rapport avec le projet de loi 87. Le projet de loi 87, tel que discuté, comprend plusieurs parties, et chaque partie, évidemment, est nécessaire pour l'avancement des soins de santé en Ontario.

I think the bill represents items on which there is a certain amount of consensus in communities and on which it's time to move forward. For example, I think we know that it's about time that nurse practitioners get the full scope of their practice and be able to administer drugs. This is part of the bill. It's about time that we have an end to and a good regime to deal with sexual abuse of patients, and this is in the bill. This represents the range in a series of proposals that come after long consultations, and it's about time that we move forward.

I appreciate, as well, that it has a public health focus in this bill that reflects the way in which we want to support seniors in their active living. It also encourages immunization and deals with a specific problem, which is the lack of proper information for parents who object to immunizing their children.

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The range of the bill is directed to advancing a public health focus in delivering health care in Ontario. It's quite needed and it's very appropriate that we move forward.

I just want to end on the last point, which is the modernization of the way in which lab services should be available in Ontario. Again, we're talking about a series of measures that are necessary to have labs that are efficient and particularly that reach out to communities in the rural areas.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Lisa MacLeod: It's my pleasure to rise today to debate Bill 87. I want to commend my colleague from Oshawa for putting her heart and soul into her debate. I was very impressed with the level of substance with respect to this piece of legislation in her speech. I think it's very important that we heed what she is saying with an omnibus bill here that is dealing with everything from immunization to sexual abuse.

I want to be very perfectly clear: Of course there must be zero tolerance for sexual assault against patients. Any suggestion otherwise speaks to a bygone era that is so far removed from this reality we have today that it's actually insulting. I wanted to be very clear on the record that as a member of the Progressive Conservative caucus, I believe in zero tolerance. I can only imagine, for people who have gone in to see their physician and who have been abused, the fear that they must feel with someone of trust, who is supposed to be looking after their basic health care but has instead violated them. I wanted to put that on the record and to be perfectly clear on where we stand in this caucus.

Again, I want to point out that my colleague from Oshawa I think made some very valid points about a bill that is dealing with a number of different items and the respect that we should give to each and every one of these issues on the floor of the assembly.

I'll have an opportunity, Speaker, to speak at length on Bill 87 tomorrow, but in the meantime, I wanted to be on the record and to state unequivocally where this caucus stands.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Miss Monique Taylor: It's always a pleasure for me to rise in my seat here in the Legislature and to thank the member from Oshawa for her piece in today's debate. It's unfortunate that she wasn't able to get through the entire bill in the framework that she wanted to, because of the fact that there are five very different pieces of legislation that are crammed into this one bill. You heard her struggle—I heard her struggle—and I know it's a

struggle for Ontarians to try to keep up with what's happening on a particular bill. They tune in and they hear us talking about very different things, yet we're in the same debate. I feel their struggle. We recognize that putting all of these pieces together into one bill is not helpful for anyone.

It's also going to suffer when it comes to the committee process of this bill, because when the Liberals pass this through it's going to get to committee, and then deputations are going to have the opportunity to come to committee, but it's going to be limited for each of the schedules because several people will want to speak to five different schedules. So not only does it hurt the debate portion of the process and what it needs to ensure that it's good, but it also hurts the committee process, where people are able to speak to the bill.

I think it's unfortunate that the Liberals think they need to do this and constantly put omnibus bills in front of us. Usually there's a poison pill in that. This one, I'm wondering if it's the lab services. "Is this another step towards privatization of our health care system?" is what it screams out to me.

Thank you for the opportunity, Speaker.

The Acting Speaker (Mr. Ted Arnott): We have time for one last question or comment. The member for Ottawa South.

Mr. John Fraser: It's a pleasure to respond to the member from Oshawa.

I just want to say simply that this bill does five things. It protects patients from preventable diseases through changes to the immunization act, which require the kind of information that parents need to make the right decision for their children and enabling the transfer of information.

It protects patients' access to care through amendments to the lab act. I want to assure the member that the lab act amendments that relate to public hospitals are to ensure access in the north, and that's what those hospitals asked us for.

The third thing is protecting patients' right to medical benefits. That's through recognizing the scope of nurse practitioners so that people's nurse practitioners, their primary health care providers, can provide for them those medications covered under ODB.

The fourth thing is protecting patients by encouraging a healthy and active lifestyle. These are amendments largely to the Seniors Active Living Centres Act, and some changes that are important to make that sector function better.

But most important is protecting patients from sexual abuse. I heard the member from Nepean—Carleton, and I agree: Zero tolerance is zero tolerance. That's what we all expect. As a practitioner, whether you're a physician or a nurse practitioner or a physiotherapist or a psychotherapist, you are in a position of power, and our expectation is that you will not use that to take advantage or abuse anyone under your care. I think the provisions in the bill—especially the fact that it will help increase timely access to funding for patient therapy and counsel-

ling when a complaint of sexual abuse is made—are critical. It's a critical part of the bill.

I would not describe this as omnibus legislation. I think these are five solid changes that are required in our health care system to protect patients.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. We return to the member for Oshawa for her reply.

Ms. Jennifer K. French: I appreciate these thoughtful comments from around the room.

To the member from Ottawa–Vanier: As she said, much of this legislation comes from long consultation. I'm glad to hear that. We've heard from some of our partners and stakeholders, whether it's the doctors who feel that they would have liked more consultation—with all of these pieces, we look forward to seeing them come together in committee and making sure that the legislation is what it needs to be. And her reassurance that it's ensuring that labs will reach out to rural areas: We are on side with that, but we want to make sure that the outside areas are not reaching into our hospital and undermining, somehow, our lab services.

I appreciate the member from Ottawa South saying that this is what they've heard from hospitals. Good. I look forward to hearing from those hospitals the same thing, without an asterisk beside it that causes me stress in committee.

To the member from Nepean–Carleton: Thank you for your comments. Recognizing that she said, "I put my heart and soul into this," well, a lot of these topics are fairly emotional. They're fairly personal. We're talking about protecting vulnerable folks. We're talking about our seniors. We're talking about our children.

As the member from Hamilton Mountain commented, we're going to have quite a group of deputants that come to committee, and they are going to be parents who have very strong thoughts and feelings about vaccinations. There are going to be members from the health care community who do, as well. We're going to hear from seniors who want to ensure that they have access to the supports, the active living programs and the access points to their community. That's going to be in line also with those who are coming to ensure that we know how important it is to protect people from sexual abuse when it comes to their health care providers. So let's make sure that the committee process is long enough and fair enough, since you didn't separate the bills in the first place.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Ms. Daiene Vernile: I'm very pleased to have the opportunity this afternoon to speak to our proposed legislation, the Protecting Patients Act, which aims to improve our health care system in the province and does so by supporting patients. I'm going to be sharing my time with the Minister of Transportation, the MPP for Mississauga–Streetsville and our Minister of Municipal Affairs.

I want to touch on a number of important aspects in this bill: the changes to the Ontario Drug Benefit Act, our

amendments to the Regulated Health Professions Act and the proposed changes to legislation protecting patients to keep them healthy. If passed, this legislation is going to make a number of very important improvements to health care for the people of Ontario, including further upholding and reinforcing our zero-tolerance policy on patient sexual abuse by any regulated health professional. Acts of professional misconduct involving the sexual abuse of patients are always unacceptable.

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As part of this government's commitment to prevent and better respond, the province appointed a task force on the prevention of sexual abuse of patients. Speaker, I know how serious this issue is. In 2015, I had the opportunity to chair a select committee that investigated the issue of sexual violence and harassment. We heard testimony on the troubling issue of sexual abuse.

The relationship between a patient and his or her regulated health professional must be built on a foundation of trust and confidence and safety. The proposed amendments that are being brought forward in this legislation are the first phase of the government's response to the task force report and a continued commitment to meeting the recommendations of the select committee. I'm very happy to see that we have responded to that and we're following through.

We're doing this by strengthening measures to protect patients, supporting victims of sexual abuse and by improving regulatory oversight and accountability. Most importantly, this legislation is going to help increase timely access to funding for patient therapy and counseling when a complaint of patient sexual abuse is made.

Farrah Khan and Sly Castaldi, who are co-chairs of Ontario's Roundtable on Violence Against Women, and Sheila Macdonald, a member of Ontario's task force on the prevention of sexual abuse of patients and the Regulated Health Professions Act—all three appeared before the select committee—said of this legislation, "We are pleased to see government taking a positive first step to protect patients from sexual abuse and support survivors of sexual abuse by health professionals."

The government has zero tolerance for any criminal sexual behaviour of any kind. These important amendments on Bill 87 do help to strengthen, uphold and further reinforce a zero-tolerance policy on patient sexual abuse by any regulated health professional. If passed, the legislation is going to help ensure that our health care system protects patients from sexual abuse as part of Ontario's plan to put patients first.

Another very important part of this act includes amendments to legislation regarding immunization of children in schools. Choosing to vaccinate your child is important. It protects them from disease and it protects vulnerable children who have medical reasons for being unable to be vaccinated. This is shown in a recent case of measles, an outbreak that occurred in Hamilton this past weekend. It was a secondary case linked to a first earlier this month.

Health care professionals are concerned because not everyone in the community has been vaccinated. It's

important for parents to keep their kids' immunization up to date for not only their children's safety, but for the safety of other children as well. Cases like this that we heard of in Hamilton show the dangers of skipping vaccinations to entire communities. If passed, the proposed amendments to the Immunization of School Pupils Act are going to help parents and guardians make an informed decision about vaccinations.

Speaker, I had a motion that I brought forward just over a year ago on the anti-vaccine movement—and that's what I'll call it—which has irresponsibly spread misinformation on vaccinations. Prior to 1963, before we had a measles vaccine, there were over 460,000 reported cases of measles in Canada. Today, with a vaccine, we have fewer than 200, so you can see the importance on this.

The elements within the Protecting Patients Act are aimed at strengthening our health care system and protecting patients in Ontario. For those reasons, I urge my colleagues to support this bill.

The Acting Speaker (Mr. Ted Arnott): The Minister of Transportation.

Hon. Steven Del Duca: I am honoured, as always, to have an opportunity to stand in my place in this chamber and add my contribution to the debate this afternoon on Bill 87, the Protecting Patients Act. I was delighted to have a moment to listen to the member from Kitchener Centre, with respect to her contribution to the debate. As she mentioned, we will be sharing our time with two other colleagues.

This is a piece of legislation, obviously, that deals with health care. I think everybody in this Legislature, regardless of which party or partisan stripe you might have, understands that there is literally nothing more fundamental to a provincial government than dealing effectively with health care. In every single community, from corner to corner to corner of this province, there are health-care-related demands that are significant. And, of course, the health care system touches the lives of literally every Ontarian at one point or another. That's why it's so critically important that we move forward with Bill 87.

I'd like to take this moment to acknowledge and salute our Minister of Health, Dr. Eric Hoskins, who has brought forward this legislation, because he understands, as someone who has practised in this profession and who is also a father and who is also someone whom I know is proud to represent St. Paul's in the Legislature, that we have to move this bill forward.

It's interesting listening to the discussion from members from each caucus. There is no doubt that there are questions, that there are comments that individuals have, but when I look at the different elements of the bill itself, which the member from Kitchener Centre referenced a second ago, as did the member from Ottawa South just a few moments ago—five key areas. If passed, Bill 87 specifically would protect patients from preventable diseases, protect patients' access to care, protect patients' right to medical benefits, protect patients by encouraging

a healthy and active lifestyle, and, very importantly—in fact, critically, and I know this has been touched upon in debate here this afternoon and throughout the debate on Bill 87—protect patients from sexual abuse.

Now, I know, and this is completely appropriate, that in this chamber, as we debate all legislation and discuss all legislation, it's important for members, particularly in opposition parties, to question government, to hold our feet to the fire, to make sure that we are held to account for legislation that we're bringing forward. But when I look specifically around aspects relating to the Regulated Health Professions Act, Speaker, on that last point that I referenced a second ago regarding Bill 87, with this legislation our government has introduced legislative amendments to strengthen and uphold and further reinforce a zero-tolerance policy on patient sexual abuse by any regulated health professional.

The next thing to note is that acts of professional misconduct involving the sexual abuse of a patient are always unacceptable. When I look at that, when I hear that, and listening to the debate that we've seen here today and over the last number of days, I find it hard to imagine that any one individual member of this Legislature could quarrel with that particular component of the legislation. I think that's one of the reasons, though there are many other aspects of this legislation, that it's so critically important for us to move forward. And I say this, Speaker, whether we're talking about this particular element of the legislation or we're talking about any of the others that I referenced just a moment ago in my overview of the bill.

I think, in particular, of the kind of health care system not only that we have for today in the province of Ontario—a health care system that we can be very proud of—but I think of the health care system that we need for tomorrow. In particular, not to be too sentimental about this, but as the father of two young daughters, daughters who are nine years of age and soon to be six—my daughter Grace will turn six just in a couple of weeks, on April 17—it is profoundly important for me as the father of those two young girls to make sure, as we go forward with this legislation and with other policy initiatives being brought forward by the minister and the Ministry of Health, that we do get it right.

When it comes to protecting patients, when it comes to making sure that patients who are often in extremely vulnerable positions when they're dealing with regulated health professionals—because there's that sense of authority when you're dealing with a regulated health professional—to make sure that we have built into this legislation and effectively built into our system the kinds of protections that patients in those vulnerable situations need is, to me, the very essence of what government is supposed to provide to the people that we are proud to represent, again, in every corner of the province.

There is much more in this legislation that deserves our support, Speaker. I will leave to my colleagues the member from Mississauga–Streetsville and the Minister of Municipal Affairs to add their voices to the debate this afternoon. I thank you for the time.

The Acting Speaker (Mr. Ted Arnott): The member for Mississauga—Streetsville.

Mr. Bob Delaney: I have a few comments that I'd like to make on this bill and particularly on the Immunization of School Pupils Amendment Act.

I can remember, in starting school in the province I was born and raised, in Quebec, that it was right around the time that some of the first vaccinations were becoming available, and there were no ifs, ands or discussion; you got vaccinated. As a result, many of those diseases that had been a significant factor in society at that time—this would be the late 1950s—simply vanished. Polio, for example, was largely eradicated, simply because we've got the scientific knowledge to be able to vaccinate children from polio.

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Similarly here, when the recommendation is to vaccinate your child from a communicable disease, this is something that parents should do. This amendment is very mild. What it says is that the amendments to the Immunization of School Pupils Act would require parents and guardians who might be considering not immunizing their children for non-medical reasons to participate in an educational session that is delivered by the local public health unit. The parents or guardians would have to complete this session before they would be able to obtain a vaccination exemption.

Personally, I think this should go a little bit further, but that's what the bill is proposing, so let's deal with what we have.

The Immunization of School Pupils Act would be amended to require health care providers to report any vaccines that they administer to students, and that are needed to attend school in Ontario, to their local public health unit directly.

This is a strong positive move. Currently, the situation is that parents are responsible for reporting their children's immunization records, or what's called the "yellow card," to their own public health unit. There is no reason, if a doctor who practises under the umbrella of OHIP administers a medicine, that that transaction should not be captured and transmitted, so that it wouldn't require the parents to think of yet one more thing in their busy lives, to ensure that their student's health record is complete.

This change would, if the legislation is passed, make it easier for parents to look after their kids. Also, it would reduce unnecessary suspensions due to out-of-date immunization records. If, for example, a school were to say, "Well, I'm sorry; You just don't have your immunization record," and the child would say, "I'm pretty sure I was vaccinated for that," and the parent says, "I'm pretty sure you were too. I'm sure I have that piece of paper somewhere. Maybe it's somewhere sitting in a box that's down in the basement from the last two moves that we've made. Let me see if I can find that"—it strikes me that why would you require a parent to be the guardian of information that is, at the same time, generated by the public health system and should be stored by the public health system?

What this does is strengthen the exemption and reporting requirements for school-based vaccines as a part of a program called Immunization 2020, which is Ontario's five-year strategy to improve its publicly funded immunization programs.

We've done this in other areas. For example, the province reached a consensus long ago on the benefits of fluoridation of water, a matter that I've spoken on to this House on two different occasions. Fluoridation works. Immunization works. The flu shot works. There is no sensible reason not to take a flu shot. There is no sensible reason not to vaccinate your children. There is no sensible reason not to fluoridate community drinking water. These are all things that ensure that we live healthier lives without having to micromanage every aspect and every transaction of any measure that continues to keep us healthy.

Currently, parents or guardians who require a non-medical immunization exemption work with their public health unit to receive that exemption form. This would mean that parents or guardians seeking a non-medical exemption must then complete the form, with a witness, and return it completed to the public health unit.

The Acting Speaker (Mr. Ted Arnott): The Minister of Municipal Affairs.

Hon. Bill Mauro: I want to thank my colleagues for their comments. I'm happy to have a few minutes today on Bill 87, the Protecting Patients Act, which, as has become clear to those following the debate today, is primarily a health care bill in many of its component pieces.

It reminds me of an old friend of mine who told me many years ago, "Billy, always remember: Health care is a political loser." I remember we went on to have a bit of a discussion about that, and it doesn't take long to realize the truth in that statement. Health care is a very personal experience for all of us. It is a very emotional experience for all of us, especially when you're interacting with the health care system. What the person who was telling me that meant was, "It doesn't matter what you do or how much you invest or how much change and policy amendment you bring forward; people who interact with the system are bound to have interactions that are not satisfying to them. As such, for a government, it will be a difficult file for you to handle."

I think about that often now. Our family is dealing with that right now. I have a mother in supportive housing, likely soon to be in long-term care. When I read parts of Bill 87, the Protecting Patients Act, it hits home a little bit more, I think, for all of us, especially when you find yourself dealing with your parents and having to interact with the system on a regular basis. I think most of us would agree we are blessed here in Ontario and in Canada, largely, to have the system that we have. Everyone knows it is not a perfect system, but I think when you look at and juxtaposition this with what's going on south of the border right now, most of us would agree that we are in a very fortunate position and in a very lucky place.

Having said that, Speaker, there is always more work to do, and I referenced that at the beginning of my

remarks. I can think of some of the changes that have happened and occurred of a very positive nature in my own riding of Thunder Bay–Atikokan. When we came to government in 2003, by way of example, there were somewhere in the order of magnitude of 30,000 to 35,000 orphan patients in Thunder Bay and district—30,000 to 35,000 in 2003, orphan patients being people without access to a primary care provider. And what does that mean? What happens to them? They end up with poorer health outcomes, for certain, and often they present themselves to emergency rooms at hospitals, which is a much more expensive way to get the care that they need, and ultimately they do not end up with appropriate health outcomes.

One of the things we have done is we've now brought that number down to somewhere in the order of magnitude of 13,000. That's through having more doctors, or having nurse-practitioner-led clinics in the province of Ontario: for the very first time in the history of our province, some 25 nurse-practitioner-led clinics. About three, I think, of those are in Thunder Bay. It's an incredibly great model of providing primary care. People who come into my office in Thunder Bay are very, very supportive of this and, in fact, they're looking for us to expand it even further.

The provision of angioplasty services in Thunder Bay for the first time in our history—some 7,000 or 8,000 people have now received angioplasty locally in Thunder Bay and have not had to travel to Hamilton, to Ottawa, to Toronto; a commitment from our Minister of Health about one year ago for full cardiac surgery to come to Thunder Bay in the very near future.

So we are making great progress. But having said that, Speaker, we understand there is always more work to do.

I think the piece that jumps out of this bill for me, and there are many component parts to it just spoken to by the member previous to me, is the Immunization of School Pupils Act amendments. I think that for many of us—I've heard this group of people. There is a group out there who are opposed to having their children vaccinated in spite of, I think it's fair to say, overwhelming medical and scientific evidence that very much supports this and the health benefits that accrue from it, not only for the individual that has been vaccinated but for the population as a whole. Yet we find ourselves in a position of having to come forward with legislation to deal with this particular piece.

Speaker, health care—we could all talk on this topic for an hour at least without any trouble. I could speak on it for at least an hour just on the work that has been done in my local riding of Thunder Bay–Atikokan and the great benefit that has come to them since 2003, but I've appreciated my opportunity to have a few minutes here this afternoon.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Hillier: In the earlier debate, I mentioned about how this bill does absolutely nothing for patients—zero—and I mentioned about the 78 beds in my riding

that have been waiting to be allocated: 78 long-term-care beds since September 2012 have been temporarily waiting to be reassigned. In five years, they have not done it. When we have over 800 people waiting for a long-term-care bed in the South East LHIN, 78 beds go unallocated after five years.

1530

But it's not just long-term care, Speaker. Let's talk about Lyme disease, and how this government has done nothing for those thousands of people suffering from Lyme disease. They're very good at creating legislation that shuffles paperwork around a ministry, but they have significant complete paralysis on actually doing anything that will benefit people.

Bill 27 passed this House with all-party support. It put forth a time frame for the government to do certain things to address their many failings in Lyme disease. It has come and gone with no results. People in Ontario are still getting significant false negatives on their Lyme disease testing. People in Ontario, thousands of people, have to travel to the States to get treatment and prescriptions because of our failings on OHIP. Now we hear that even medications brought back across the border may be prevented with new regulations. Thousands and thousands of people are suffering from Lyme, and this government brings out another piece of junk legislation that does nothing for patients.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Peggy Sattler: It is a pleasure to rise as MPP for London West to speak to Bill 87, the Protecting Patients Act. I'm going to focus this brief two minutes that I have at this time on schedule 4. Schedule 4 is really the only schedule of the act that speaks to protecting patients, but it is an absolutely critical piece of legislation and, in fact, is so critical that it, like all of the other four schedules of this bill, should have been addressed individually by this Legislature as a separate piece of legislation.

Schedule 4 is those long-overdue amendments to the Regulated Health Professions Act and the Health Professions Procedural Code that will address the sexual abuse of patients. We know that several years ago there was a Toronto Star investigation that revealed that 21 physicians in this province were continuing to practise after they had been found guilty of sexual misconduct with a patient. They were continuing to practise because they had gender-based restrictions on their practices. This is absolutely unacceptable.

We welcome the fact that this bill provides zero tolerance and removes these gender-specific restrictions, but we also have raised some concerns about the effectiveness of the bill. One of the concerns that we have raised is around the list of practices which would be considered sexual abuse. We are worried that this could open a door to activities that fall outside that list but that could equally constitute sexual abuse of patients. We have to be absolutely vigilant to ensure that no patient is harmed by a health care professional.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Fraser: I'm pleased to respond to the comments from my colleagues. I do want to agree with the Minister of Municipal Affairs: Health care is half of what we spend. It's exceptionally complex, and on any given day there are lots of great things happening and there are challenges. This bill addresses some of those challenges that we find.

I know that the minister, as well as the member from Mississauga–Streetsville, talked about immunization. Where I live in Ottawa, every year, some 9,000 students would bring a letter back home to their parents that said, "You're not immunized. If you don't give us the record, you can't go to school." Most of them are immunized, but I can remember looking for that yellow card. "Where is the yellow card? It's about this big." This bill is going to change that. It's also going to change the exemption process to make sure that parents get information. There is a lot of misinformation out there. We have to make sure that parents get the right information so they can make the best decision.

I want to thank the member from London West for her comments on zero tolerance for sexual abuse. I don't agree that this bill is an omnibus bill. To separate this bill into five different parts would eat up a lot of legislative time that I think we all agree can be used for a number of other priorities that we have. So I think it's quite possible for us to deal with these changes. They're good, important, substantive changes. They're not exceptionally complex. I think we can deal with this bill as it stands, and, as I've said earlier, I don't think it's necessary to break it all up.

To the member from Lanark–Frontenac–Lennox and Addington: I know the minister is committed to a Lyme disease strategy. I know that very well. I also know the minister was in his riding a few months ago announcing a significant redevelopment of the emergency room at his hospital.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Toby Barrett: We are hearing a lot of debate on this legislation with respect to immunization and Bill 87, the Protecting Patients Act. That obviously fits into one of the key components of our health care system, which is disease prevention and health promotion. Of course, early diagnosis and treatment is key as well. Maintaining our hospital system is key, and access to home care is key.

Going back to vaccinations, the bill amends the Immunization of School Pupils Act and brings in certain requirements with respect to exemptions for these mandatory inoculations. There was mention made of the fact that the flu shot works; I can attest to that. I recall, as a government member, as you may, Speaker—I'm not sure; maybe it was 2002—Mike Harris brought in the flu vaccination program. At that time, that was a \$38-million program based on evidence that much of the illness caused by the flu can be prevented with an annual shot.

The shot is voluntary. Many people don't receive the vaccination. I suspect a certain percentage of health care professionals don't receive that vaccination. I'm not suggesting it be made mandatory, like so many of the other vaccinations we've been discussing this afternoon for children. But the fact remains that a lot of people don't get the flu shot, and it's been free for well over 15 years now.

The Acting Speaker (Mr. Ted Arnott): The member for Kitchener Centre can reply.

Ms. Daiene Vernile: I'm very pleased to have the opportunity to answer to my colleagues the Minister of Transportation, the MPP for Mississauga–Streetsville, the Minister of Municipal Affairs, the member for Lanark–Frontenac–Lennox and Addington—although, I must say, I did disagree on many of his points—the member for London West, the member for Ottawa South and the member for Haldimand–Norfolk.

The aim of this bill is protecting patients, and the bill does this by strengthening a number of provisions within our health care system. Contrary to what you heard from the member from Lanark–Frontenac–Lennox and Addington, there are many issues being addressed that are very important. They are not, as he characterized it, junk. I object very strongly to those words that he said.

I think we can all agree—at least we can on this side of the House—that the five areas of focus in this bill do matter to all of us: a zero-tolerance policy on patient sexual abuse by regulated health professionals; improving the support that we have for patients when they complain or when an investigation or a disciplinary action is taken; modernizing the college governance; helping patients and guardians make informed decisions on the immunization of children; and expanding the list of medications that nurse practitioners can prescribe. Their scope of practice is expanding, and so too this bill should recognize their work.

I want to come back to some comments that were made by our Minister of Health and Long-Term Care on the reason for introducing this bill in the first place. Our minister said that the initiatives outlined in the Protecting Patients Act are part of our government's Patients First strategy to protect Ontario's health care system for generations to come. And that's the focus here. Our strategy is going to ensure that patients have the information they need to protect themselves from preventable diseases and ensure our health care system is protected for patients who suffer sexual abuse.

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I urge my colleagues to support this bill.

The Acting Speaker (Mr. Ted Arnott): I wish to inform the House that, pursuant to standing order 47(c), I am now required to interrupt the proceedings and announce that there have been more than six and one half hours of debate on the motion for second reading of this bill. This debate will therefore be deemed adjourned unless the government House leader or his designate specifies otherwise.

I recognize the Minister of Citizenship.

Hon. Laura Albanese: We wish the debate to continue, Mr. Speaker.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Randy Pettapiece: Mr. Speaker, I'm pleased to be able to address this bill today, Bill 87, the Protecting Patients Act. I first want to congratulate the member from Elgin–Middlesex–London for his excellent work as health critic. He has done a great job in breaking down this bill in particular, which is very complex.

Bill 87 deals with the critical issue of protecting patients from sexual abuse. The importance of having a zero-tolerance policy for sexual abuse of patients cannot be overstated.

The bill also changes rules in other areas, such as the process around vaccinations, regulation of community labs and funding for seniors active living centres. In fact, there are about five bills lumped into this single piece of legislation. That's a cause for concern. Rolling these measures into a single bill means we as legislators can't take the time we need to review each of the components. I'm not sure why the government has taken this approach.

Today, I'd like to go through a few areas of the bill that raise concern for me, specifically, measures that would add new administrative burdens on health care providers; also a change that would give the minister access to a health care professional's personal health records without any obvious explanation or limits; and, finally, the lack of consultation on the bill with patient groups and other health care organizations. I will also bring in examples of mismanagement and underfunding of health services across Ontario, in particular in my riding of Perth-Wellington.

The first aspect of the bill that concerns me is that it continues along the path of adding more administrative burden on health care professionals. This speaks to the broader failure of this government to get a modern system in place for managing electronic health records. Years after the eHealth scandal and billions of dollars wasted, health care providers are still required to send paper records by fax. It's quite ridiculous.

Let me quote a few lines in the 2016 Auditor General's report on the status of electronic health records in this province: "In 2008, and again in 2010, the ministry set 2015 as the target year for eHealth Ontario to implement a fully operational" electronic health record system across the province. "By then, although some EHR projects were up and partially running, a fully operational province-wide EHR system was not in place.... It is unclear when a fully operational EHR system will be available in Ontario."

That's despite spending more than \$8 billion since 2002 to implement electronic health records. This is inexcusable.

Another major concern about Bill 87 is the lack of meaningful consultation with patient groups and other health care organizations. This was highlighted by my colleague the member from Elgin–Middlesex–London, who worked closely with many of these groups.

This lack of consultation has led to some serious concerns being raised by organizations like the Ontario Medical Association. In fact, the OMA has called Bill 87 a "deeply flawed health care bill" and said that without changes, it "may threaten the provision of good medical care and introduce even more bureaucracy to the health system."

I'd like to spend a bit of time outlining the OMA's and others' concerns about this bill. Perhaps the government might learn something new.

The first issue is a measure that would give the Minister of Health new powers to require regulatory colleges, including the College of Physicians and Surgeons of Ontario, to disclose personal health information about health care professionals. This appears to be a massive overreach by big centralized government into the private affairs of health care providers.

Dr. Rachel Foreman, OMA's spokesperson, recently had this to say: "We are also alarmed that the government has opportunistically taken steps to gain access to the personal health information of individual doctors. The government has provided no clear purpose for this power or limits on when or how much information they can access. Physicians and other health care providers are citizens and patients and are entitled to a reasonable expectation of privacy."

Another concern raised by health care providers, and I mentioned this earlier, is the needless bureaucracy and red tape that Bill 87 imposes. For example, the bill requires that health care providers report immunizations to their local medical officer of health. On the face of it, that's a good thing. We should have an easy way of tracking the coverage of various vaccines in different parts of the province, but for the health care provider, that's likely going to mean sending results by fax or maybe even sending them by snail mail. I don't know. The billions this government has sunk into eHealth were supposed to give us a robust new immunization registry, the Panorama system, and in 2014, the Auditor General reported that, as of June 2015, Panorama has cost a total of \$165 million and still hasn't been fully rolled out. After all these years, the eHealth system still can't connect a doctor's office with the Panorama software at the local health unit.

The OMA reinforced this point in a recent press release: "The government's omnibus bill ... introduces more paperwork for doctors as a solution for immunization reporting and surveillance, instead of prioritizing the creation of a fully operable immunization registry that enables the seamless transfer of vaccination information from provider to database."

As critic for community and social services, this sounds very much like the government's disastrous SAMS system for social assistance payments. That system has cost taxpayers an extra \$52 million to fix and continues to cause headaches and erroneous payments and glitches.

Back to Bill 87: Another way this bill adds bureaucracy is by bringing individual doctors' offices under the

rules pertaining to specimen collection centres. Now, we all know that individual doctors' practices can be very lean operations. Often they can only afford a little bit of administrative help to keep the office running. Putting this new burden on individual doctors will likely make it harder for them to even offer specimen collection to patients. And the result? Poor service for people who need health care, especially in areas serviced by small community centres.

For all the money this government spends on fancy new electronic systems that don't work, Ontario has some of the worst health care statistics for a population its size. An opinion column in the *Toronto Star* last month had these sobering words: "For a population its size, Ontario has the fewest hospital beds, the worst nurse-to-patient ratios, the lowest number of physicians. Yet it has the highest number of bureaucrats."

This is a symptom of a bigger problem, Mr. Speaker: this government's impulse in bringing in more centralized government, more bureaucratic bloat at the cost of patient welfare.

Last fall, I asked the Minister of Health about the unacceptable wait-lists for necessary surgeries in Perth-Wellington, procedures like hip and knee replacements, back surgery, thyroid cancer surgery and a stem cell transplant. Because of this government's failed health care approach, people have been left suffering for months awaiting surgery.

It brings to mind one of my constituents, Andy. He was told that it could take two years for a hip replacement. As Andy said, "I just don't get the incompetence of the health" care "system within Ontario, and I hold the Minister of Health totally responsible for this inept process."

1550

In fact, the Auditor General said that patients going to the emergency room or having surgery are experiencing the longest wait times in 20 years.

Another group that has been shortchanged is seniors, who saw their deductibles go up 70% for medications under last year's budget. The government also hiked the low-income eligibility thresholds and increased prescription copayments.

At the same time, we hear from the Auditor General that administration costs for home care are now 39%. Money that could have been used to alleviate funding pressures on the front line is instead going towards hiring executive paper-pushers. It's shameful, Mr. Speaker.

To conclude, this bill has obvious merits. We all recognize the importance of protecting patients from sexual abuse and strengthening the zero-tolerance policy in this regard. However, Bill 87 has a lot of other parts to it. The government has chosen to do an omnibus bill, which means we have less opportunity to look at these other elements.

I raised some areas of concern. The addition of more administrative burden on health care professionals is a big one. It seems to reflect this government's tendency to keep expanding bureaucratic bloat in the health care system.

Another concern is new ministerial powers, such as giving the minister the authority to request personal health records of doctors. This raises questions from a privacy perspective, and I don't believe the minister has justified the purpose or the scope of this policy.

Many of these issues might have been resolved if the government had consulted patients and health care professionals in crafting this bill. Instead, they decided to go it alone, and now we have the OMA on record saying they oppose it.

Finally, this bill does nothing to alleviate the funding pressures being experienced by hospitals and doctors on the front line. Instead, it advocates the goal of more bureaucracy, more bloat. Patients don't need the minister to expand the number of associate deputy ministers from five to 20, as he has done. Just one of these executive salaries could have funded 5,000 home care visits.

Instead, we need the government to finally put proper resources into front-line care. Give RNs, doctors and other health care workers the tools they need.

Speaker, I would like to read a letter I received from my riding from the Minto-Mapleton Family Health Team. They express many concerns that I outlined about this bill. One of the things that they would like to bring to light is that the tools and the funding that they are receiving make it difficult to serve their patients. It has to do with retention of health care workers, which is something that this government has had an issue with.

It says: "The board of the Minto-Mapleton Family Health Team ... has received the recent increase in funding announced in the 2016 Ontario budget, which represented a total of \$52,500 for fiscal year 2016-17" for the family health care team specifically. "The intent of this new funding was to support the FHT in effectively recruiting and retaining qualified staff in our rural area. The FHT used the new funding to apply the ministry's allocation methodology guide re: salaries and enroll" the people for these services. "While we recognize the new funding as an instrumental first step to working towards greater equity in compensation, the board is very concerned that this increase falls far short from allowing the FHT to offer a competitive compensation package to its staff."

It goes on:

"—For many FHT staff, including nurses, social workers, pharmacists, physician assistants and administration, the application of the ministry's allocation methodology for maximum salaries represents increases that are so minimal they are demeaning. For example, increases for these positions ranged from six cents to 18 cents per hour. These increases are meaningless and will not support recruitment and retention. Some staff will now be faced with difficult decisions about leaving the primary care work they enjoy in order to work in any other health care sector where they will receive fairer and more equitable compensation.

"—The new funding prioritized salary increases for nurse practitioners, health promoters and registered dietitians. The inequity has been even greater for these

positions as they were not banded properly in 2006 even to internal comparators. The new investment only represents an initial down payment and even with these increases, the salaries fall short of the 2012 benchmarks.

“—While the 2.5% increase to benefits is a small step in the right direction, a 22.5% benefit line for FHTs falls far behind the benefit level of other health care sectors. It is not possible to have a full benefit package and be competitive with other health care organizations based on a 22.5% benefit line. While many staff appreciated the opportunity to recently participate in HOOPP, staff who signed up for HOOPP are now experiencing a drop in take-home pay which has been difficult given the lack of any meaningful wage increase.

“—Recently, the government announced an investment of \$125 million in pay increases for 8,500 managers, executives and deputy ministers working in Ontario civil service. The increases are to come over the next four years, and start with a 5% raise retroactive to April. The reasons provided for the increases include: a long-standing wage freeze (since 2011) and difficulty in recruiting and retaining managers. FHTs have a similar recruitment and retention issue with staff leaving for higher-paying jobs and FHT jobs have been frozen even longer than the Ontario civil service, since 2009. Increases to FHTs need to mirror increases the government awarded to the Ontario civil service.

“The board is acutely aware of the fiscal realities of our health care system and it works diligently at taking the role as stewards of public dollars very seriously. However, the complete inadequacy of this new funding has caused the FHT to pause and reflect on how we can continue to attract and retain competitive staff. We ask that you reconsider this investment into interprofessional primary care teams across the province. We ask that this government make the additional investment of \$130 million in order to bring primary care compensation up to the 2012 Hay Group recommendations. If the government is serious about making primary care the foundational piece of Patients First, family health teams need to have fair and adequate financial resources for the staff who provide the care.”

This was sent to me by Dr. Tanya Norman, chair of the board of directors of the Minto-Mapleton Family Health Team.

Certainly in the comments that I made during the first part of my speech, I think that some of the new rules that the government wants to bring in with this bill are going to increase the bureaucratic costs that family health teams have to endure, and yet they haven't received sufficient funding to help retain the health care workers they have.

Speaker, I think we have raised some serious concerns with this bill. When it gets to committee I do hope that the government side will listen to some amendments, and certainly take into consideration some of the concerns from the OMA and family health teams as they continue to try to provide the best health care they can in this province. However, there are serious issues with funding that are going to be difficult for them to endure.

1600

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Teresa J. Armstrong: I'm always happy to stand in the Legislature on behalf of my constituents of London-Fanshawe and contribute to debate. In particular, health care is, of course, a passion I think for all of us and embedded in us as something we have to make sure we get right so that people's health comes first.

One of the things I wanted to talk about was that I just finished meeting with the Ontario Medical Students Association, and how passionate they are about health care, because of course that's their chosen profession; they all want to be doctors. But they also highlighted mental health services.

One of the things they talked about is that we need to have better reporting on mental health, because we know that people are not able to access mental health services in the quickest way possible in order to help their illness. When that doesn't happen, if they're waiting in hallways for seven days or if they can't see a counsellor or a psychiatrist for three months—because that's the average wait time we talked about in this meeting—then what can happen is those illnesses accelerate, and they are exacerbated. What happens, then, is that people are forced to go into hospitals' emergency rooms, where it's not necessarily where they would actually have been if they had the community services for mental health resources right there.

We need to do better, Speaker. I think part of the message that the medical students really wanted to push forward was that we need to have reporting wait times on mental health, so we can understand the problem better and we can talk about ways to improve access to mental health, because it's health care like anything else and it needs to be treated as soon as possible. Thank you for the time to speak.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Fraser: It's a pleasure to respond to the member from Perth-Wellington. I know that he raised this part in debate, vaccinations and the changes in this legislation with regard to immunization and the reporting of childhood immunizations that are now going to be the responsibility of the practitioner. I said earlier in debate that I think that that's key in my community.

As I said earlier, some 9,000 students every year would receive a notification that if they didn't show up with their yellow card or prove their immunization, that they would not be allowed to go to school. That caused a lot of grief for parents.

It's also critically important, Speaker, that information on vaccines be available to people so they can make the best decision for their children. There's a lot of information out there these days. It's critical that immunization has prevented so many unnecessary deaths. The success of the flu vaccination here in Ontario, with the assistance of Ontario's pharmacists and all other practitioners, has shown that vaccinations are critically important to our

public health system. I'm sure that all members are going to support that.

I do want to address some of the comments made by the member from London–Fanshawe just a moment ago. Yes, we do have to work harder to do better on mental health. One of the challenges in mental health—we had the opportunity to talk to some medical students today—is ensuring that we develop those pathways. Often, practitioners, individuals and organizations don't know what's in their community; those pathways are not always clear. So we have to invest, but we also have to—and we did this in my community of Ottawa—develop a road map to make sure people know where those pathways are.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Monte McNaughton: I'm glad to have the opportunity to speak for a couple of minutes to Bill 87 and follow my colleague from Perth–Wellington, who I thought did a great job outlining his concerns and the concerns of his community regarding Bill 87, An Act to implement health measures and measures relating to seniors by enacting, amending or repealing various statutes. I'm going to have an opportunity to speak a little bit longer shortly regarding this quite extensive piece of legislation.

Mr. Speaker, you just have to open up the newspapers every day, quite frankly, to understand the attacks this government is putting on health care practitioners, and doctors in particular. The headlines this morning: “Ontario Sets Up New Assisted Dying Service.” There are a number of doctors and the OMA quoted here, opposed to doctors forcing this effective referral protocol. The next one in the Globe today: “Health-Care Providers Decry Ontario's Assisted-Death Process.” The National Post today: “Disparity in Doctors' Pay a Growing Issue.” And it just goes on and on.

It hit home for me, last week, sitting down with four doctors from across the province who visited Queen's Park and raised a number of concerns. They were talking about three pieces of legislation: of course, Bill 87, but also Bill 41, which the government passed a number of months ago, and Bill 84, which we're also debating. But I am going to be speaking and raising more concerns from medical professionals in my riding of Lambton–Kent–Middlesex when I have an opportunity later this afternoon.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Percy Hatfield: It's always a pleasure to follow my good friend from Perth–Wellington. It may surprise you to know that we sometimes go out for a drink together—coffee, of course, Speaker. Sometimes it's good coffee; sometimes not so good, I know.

Laughter.

Mr. Percy Hatfield: You got that one?

Mr. Lou Rinaldi: I got it.

Mr. Percy Hatfield: Thank you.

But my friend from Perth–Wellington did talk about the eHealth plan and how it hasn't really lived up to what we were hoping for. We have some of the most brilliant students in the world going to our colleges and universities. Why don't we put out a competition and say, “Can you guys and gals come up with something that lets us adopt a real e-health plan, that lets us share our information and lets that information be transferred from one doctor's office to a hospital and back and forth along secure lines?” We have brilliant people. Why don't we do that?

The other thing I want to touch upon: They talked about mental health, which is a huge issue. I met with medical students in my office last week, and mental health, just among the students themselves studying medicine, is a big issue.

I also want to touch on the need for this government to do something to bring an end to the strike at the hearing societies across Ontario. That is outrageous, that these people who are needed so badly amongst the hearing-challenged population in Ontario—they have to get back to work, they have to provide that service, and this government isn't doing enough to make that happen.

My final plea is to the government: When you are putting your budget together, look at the ministry guidelines and the ministry priorities on where we are going to go with new hospitals in Ontario and look at that beautiful plan that we have in Windsor. We need a bit of funding to go to our next stage.

Thank you very much this afternoon, Speaker.

The Acting Speaker (Mr. Ted Arnott): Thank you. That concludes our questions and comments. The member for Perth–Wellington can reply.

Mr. Randy Pettapiece: I appreciate the comments from the members from London–Fanshawe, Ottawa South, Lambton–Kent–Middlesex and, certainly, Windsor–Tecumseh.

Mr. Speaker, you might aware that the member from Windsor–Tecumseh and I—although he resides in Essex county, that's where I originated, from Essex county.

Mr. Percy Hatfield: He knows more people than I do.

Mr. Randy Pettapiece: Apparently I do.

But anyway, something that the member from Windsor–Tecumseh did bring up was something that I have been saying since I have been here to deal with bills: Why not let people who know about the business design the bills? That's a novel approach, instead of letting a government do it all, because we see some opposition to this bill from people involved in the medical profession.

Certainly, I do hope that, when this bill gets to the committee, the government will listen to those who are involved in the system and make this bill better. There are some serious concerns brought up. I mean, there are parts in this bill that we certainly agree with, but if I had a business or if you had a business, Mr. Speaker, and you successfully were operating your business, and I walk in one day and tell you that you're doing it all wrong, you're probably going to show me the door.

1610

I think we have to start listening to those who are involved in the medical profession and, certainly, other professions when we design bills—that they are bills suited to that profession, with their input and with their considered input. I think, as we've seen here, there are some concerns that this wasn't done. So I do hope, when this does go to committee, that the government will take this advice to listen to those who are professionals in this business and put their amendments in the bill.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Ms. Catherine Fife: It's a pleasure to join the debate this afternoon on Bill 87, the Protecting Patients Act, 2017. I do want to do a special shout-out to our health critic, the member from Nickel Belt. I was here in the House when she did a one-hour lead on this piece of legislation. She went through every schedule, because there are 10 different schedules. It affects 10 different pieces of legislation. It is an omnibus bill. It's a shame that I only have nine minutes and 27 seconds to cover all of the issues that pertain to it.

Schedule 4, of course, is of great concern to the people of this province, and I'm going to get right to that piece. The bill is seeking to rectify the reality that a lot of people in Ontario have lost faith in our colleges system's ability to protect them. The primary purpose, I think, of this bill—although schedule 4 is buried in it—is to improve disciplinary processes in cases where health care providers are alleged to have sexually abused patients or been found to have sexually abused patients.

It does change this practice of, if a male doctor did sexual assault a female doctor, they could still practise, with some restrictions, only on male patients. I think many of us, quite honestly, were completely shocked that this was even a practice in our health care system.

The 10 different pieces of legislation that Bill 87 would affect: schedule 1 is the Immunization of School Pupils Act; schedule 2 is the Laboratory and Specimen Collection Centre Licensing Act; and schedule 3 is the Ontario Drug Benefit Act, where there is an amendment which will allow nurse practitioners to seek funding for Ontario Drug Benefit patients under the Exceptional Access Program—long overdue.

Schedule 4, though, the Regulated Health Professions Act, is the schedule that relates primarily to sexual assault. Schedule 5—if I have an opportunity, I will address it. The piece on schedule 4, I have to tell you, addresses the issue of zero tolerance of sexual abuse. Now, it is important for us to remember in this House, in 2017, that only 3% of sexual abuse cases ever get reported, and even fewer of those cases are successfully prosecuted in favour of the victim.

I am not sure if some of the members of the Legislature read the Robyn Doolittle exposé from the Globe and Mail on the stats around the “unfounded” cases, where police are approached or complaints come forward around sexual assault, primarily from women, and there is—the “unfounded” cases contained within that process

are huge. One is that the system doesn't take the charge or take the complaint seriously. In one of the cases recently, from Ottawa, where a taxi driver obviously had sexually assaulted a woman who was inebriated—the judge in that case found that she may have given consent, even though the law is very clear that consent cannot be given when one's mental state is compromised by alcohol or drugs.

So this fight that women still have in the province of Ontario and, indeed, in this country is still ongoing. So put that lens over schedule 4, the Regulated Health Professions Act, where there is such a fundamental need for clarity around the need to rectify the imbalance between victims and perpetrators, particularly when they are people, like physicians, who occupy positions of power. That's ultimately what we are talking about here. The power imbalance between a doctor and a patient is so very clear. Those relationships can be profound. They can be very emotional. They can be very connected. But when a breach happens, the rights of the victim have to be very clearly outlined to ensure that if they do have the courage—because that's what we are talking about here, having the courage to speak out against a system which definitely has more power and more control over the victim's life. That is why schedule 4 of Bill 87 should not be buried in an omnibus bill. Our debate on this issue should not be limited and controlled by the government. A lot of the regulations that will fall out of this should not fall under the direct control of the Minister of Health, to control the members of the colleges, for instance.

The most recent findings from Stats Canada, using data gathered from 2009 to 2014, note that, “Among all measured offences, sexual assault was the least likely to be reported to police, with just one in 20 being brought to the attention of the police.” And: “Despite major changes to legislation, principally the RHPA, over more than 20 years, sexual abuse by health professionals has proven impossible to eradicate. This disturbing fact has raised questions about both the content and the implementation of the law through Ontario's regulatory health colleges.... These cases keep appearing, and there are convincing arguments that there are many more cases of abuse than are reported to colleges or to the police.”

We have to look at and explore this issue, under schedule 4, through the eyes of the patient. We have to have some empathy, and there has to be some compassion built in. It should not be buried in an omnibus piece of legislation. When we listened to patients and advocates—this is directly from the government's own report, because there was an independent report of the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act which was updated in 2015. When the committee did listen, they heard that there is no comprehensive information system available to inform patients about where to go in cases of sexual abuse by regulated health professionals. There are no assurances that patient complaints will be represented as vigorously as are the alleged abusers through their insurance plans.

There are no assurances that patients and their families will not be deprived of health services as a result of making a complaint. You think of the risk of someone who lives in rural or northern Ontario to come forward to raise a complaint of sexual abuse or sexual assault when there's only one doctor in that town. You think about the courage it takes for that woman or that man to come forward and speak truth to power. There are no assurances that patients will be supported with adequate resources to participate fully throughout the complaint process, which is controlled by the alleged abuser's regulatory college. No matter how well chosen the members of that college are, the alleged abuser's professional colleagues will be in the majority of these judging the complaint.

Our position, as New Democrats, is that this issue, this breach of trust that happens in the relationship between a doctor and a patient—we must achieve and support a zero tolerance for sexual abuse. It deserves its own piece of legislation. This bill must protect patients, it must restore confidence in the health care system and the regulatory and disciplinary processes, and we have to get this bill right.

What do we have, though? We have a very limited time for debate. We are going to make, I think, substantive changes to this piece of legislation when it gets to committee, but this goes back to the point that—I have been here for four and a half years. I truly do not understand why this government continues to bring pieces of legislation to us which are flawed. Why not build it right, at the beginning? Why not pay attention to your own committees' recommendations? Why not be respectful of the voices of the people that you consulted when the sexual assault committee travelled around the province? Why not have those voices reflected in a piece of legislation that is before us in this House?

So, on the issue of preventing sexual abuse and having a strong, principled, supported policy of zero tolerance, you have missed the opportunity to do that in this legislation.

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The bill is called the Patients First Act. On so many levels, that is not happening in the health care system in the province of Ontario. We heard today of a lady who spent seven days on a gurney in a hallway. We hear these stories every single day in all of our ridings, and if you're not listening, then you're not hearing them.

So we are going to support this, and we're going to try to make it better at committee. Thank you for your time today.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Hon. David Zimmer: I just want to speak for a minute to this business of the Immunization of School Pupils Act. I want to speak specifically to that process that will be in place if parents do not want to have their child immunized for whatever reason.

The whole idea here is to help those parents make an informed decision about whether to consent to the im-

munization or not. The proposed amendments, if passed, would require parents or guardians who are considering not immunizing their children for non-medical reasons to participate in an education session by a local public health unit, and the parents or guardians would have to complete this session as a part of the process in order to obtain the non-medicinal vaccine exemption.

The idea here is that the process would ensure that parents who are making that decision are doing it based on sound medical and scientific information. Once that education session has been completed, the parent or guardian then would be able to obtain the non-medical exemption for their child, if they wish. The idea here is that they would have all of the best available information before them in order to make that very important decision, and they would then complete the statement of conscience or religious belief which would excuse them from immunization.

This is a very forward-looking approach to this issue. It will not impact parents who have already received non-medical exemptions, and the requirements would only apply to parents seeking non-medical exemptions after the amendments come into force.

Thank you, Speaker.

Oh, I've got six seconds left—five seconds.

Interjections.

Hon. David Zimmer: —a great piece of legislation that should be supported by all parties.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Hillier: Once again through this debate, I've been illustrating a number of the failings of the Ministry of Health and how this bill does nothing to address those failings.

Last week in public accounts, the public accounts committee heard from both the Auditor General and the Deputy Minister of Health, Dr. Bob Bell. We heard that there are significant failings on physician billing in this province. We also heard from Dr. Bell himself that essentially we rely on the physician to bill appropriately through an honour system. Speaker, \$12 billion a year in physician billings and this government relies on an honour system. It is appalling, the lack of oversight and accountability that this government places in our health care system, and then they bring in this bill, Bill 87, which permits and creates a new mechanism to shuffle papers around in the ministry without actually dealing with Lyme disease, without actually dealing with the exorbitant wait times to get into a long-term-care facility, without providing any oversight on physician billing.

It was interesting that in Dr. Bell's testimony in public accounts last week, he gave a whole series of how many physicians are serving what patients. I totalled them up. There are 21 million patients on the OHIP rolls, according to the deputy minister—21 million. We all know there's only 13.5 million people in this province. I don't know where those other seven million came from, but this ministry can't even figure out how many people are in OHIP, who ought to be in OHIP, and how they ought

to be billed, and they're dicking around with this Bill 87—

Interjections.

The Acting Speaker (Mr. Ted Arnott): I'm going to ask you to withdraw.

Mr. Randy Hillier: I withdraw.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Percy Hatfield: We can't talk about improvements to health care unless we talk about some of our most vulnerable citizens. Since March 6, we've had 227 members of the Canadian Union of Public Employees on the picket line against 24 Canadian Hearing Society locations across Ontario. Some 36,000 deaf and hard-of-hearing people are struggling without the services that would normally be offered at these societies. They've been working under the terms of their old contract for the past four years. They just want a small wage increase. The hearing society wants to strip away their health benefits, wants their pension plan adjusted and wants the sick leave plan torn up and a new one implemented. I call on this Liberal government, this Minister of Labour and the labour ministry to do more, to bring some common sense to the bargaining table to get these men and women back to work.

I said there were 36,000 deaf and hard-of-hearing people in Ontario. I met with one in the picket line in Windsor last week. His name is Chris Newman. Through an interpreter, he told me how difficult it is for him to get by without these services. If he ever gets sick and has to go to a hospital, how is he going to communicate with the people at that hospital? How is he going to make them understand what's ailing him?

I also heard just before the strike how a man was dying, his family was around him in bed and an interpreter came in. Through the interpreter they got to say their final farewells. They got to say "goodbye" and "I love you" and "thank you so much." No one else can do that now, because these interpreters are on strike. This is why we've got to get them back to work, and we've got to get it done now, not next month some time.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Fraser: It's a pleasure to respond to the member from Kitchener-Waterloo. To say every bill we do is flawed I think is a bit of an exaggeration. All pieces of legislation can stand some light and some improvement, so I think it's a bit of an unfair characterization.

It's also unfair to characterize this as an omnibus bill. Really? It's not an omnibus bill. It does five very specific things. I think we can address this in debate. We can address it in committee. This is not a cumbersome bill by any stretch of the imagination. To break it up into five component parts would use up legislative time that would take time away from other priorities that we have. It's a balancing of those priorities.

I do appreciate her support for the things in the bill that are going to address sexual assault amongst regulated health professions.

I want to say to the member from Lanark-Frontenac-Lennox and Addington—I got it right?

Interjection: Yes.

Mr. John Fraser: Great.

I was at the public accounts committee. I don't think the deputy said there were 21 million people on OHIP. I think he's got his numbers wrong; I question his math on that. I hope that he is not suggesting that we should treat all our doctors with suspicion or think that they're dishonest. I don't think he's saying that, though I'm not entirely sure what he's insinuating.

There's no question that we have a very complex health care system. We have very complex physician billing. It's something that we need to address. It's really a question, when you look at that—to speak to what happened in public accounts—about stewardship and the stewardship that the government, the OMA and the physicians have for taking care in ensuring that those resources are used adequately and properly inside our health care system.

The Acting Speaker (Mr. Ted Arnott): That concludes our questions and comments. I return to the member for Kitchener-Waterloo for her reply.

Ms. Catherine Fife: I guess it comes down to the lens of where you look at legislation. For us, an omnibus piece of legislation, where you lump in significant changes to our health care system with legislation that addresses the regulatory changes regarding how sexual abuse by health care providers is addressed—as our critic says, it sucks the air out of the room. There are other important pieces of legislation contained within Bill 87 that deserve their own attention. Seniors, of course, are one of the most vulnerable people in our province, especially as the health care system fails to respond to a growing and aging population. One only has to look at the Auditor General's reports over the years, to look at the LHIN system and the failings contained within the LHINs and CCACs and the lack of home care or dedicated time to seniors.

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We are predominantly talking about sexual abuse in the medical field. We should be talking about it, because it is a serious, significant issue, which deserved its own, dedicated piece of legislation, with its own regulatory piece and the appropriate oversights in place. And I think that when this government brings forward legislation and discounts the voices that they heard and doesn't embed those concerns, in a very real and lived way, in the legislation, then it's a flawed piece of legislation. Certainly, the Ontario Medical Association feels they could have also been part of the solution and had their voices and concerns and the structural barriers to having a fair process of disclosure part of this legislation. That was a missed opportunity. After 14 years, this government can be doing a much better job in the crafting of legislation.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Arthur Potts: It gives me great pleasure today to stand up in the House and talk about Bill 87, An Act to

implement health measures and measures relating to seniors by enacting, amending or repealing various statutes. I'm going share my time today with the member from Barrie, and I look forward to her comments as well.

I want to start off by just commenting on this notion, which we've heard repeatedly during debate, that this is an omnibus bill. Five schedules does not an omnibus bill make. If you look at the structure of this bill and the areas which it's addressing:

- schedule 1, amendments to Immunization of School Pupils Act, we're protecting patients from preventable diseases;

- schedule 2, amendments to the Laboratory and Specimen Collection Centre Licensing Act, protecting patients' access to care;

- schedule 3, amendments to the Ontario Drug Benefit Act, protecting patients' right to medical benefits;

- schedule 4, protecting patients from sexual abuse; and finally

- schedule 5, amendments to the Seniors Active Living Centres Act. We are protecting patients by encouraging healthy and active lifestyles.

All of these things are interrelated with the substance, which is in the short title of the bill: Protecting Patients Act. This is exactly why you want to put these things all together, because they're all touching on much the same issues.

I want to start with the fifth schedule, seniors active living centres. I want to do that because this is a very special week in my life. It's my mother's birthday on Wednesday. My mother—you can tell just by looking at me—must be a very wise older woman. She would be very reluctant for me to tell you that she's 89 years old this year, but she exemplifies an active senior in our community. If we could do anything in legislation, just by enacting her lifestyle as a model for all of the seniors—my mother gets up every morning, walks to the subway, takes a subway to the local Y and spends her time in aquafit. She has what she calls her executive workout: sitting in the whirlpool; having a cup of coffee; going to a sauna a little bit. Then she makes her way up the local hospital, where she sews garments to be sold in the gift shop. It's that activity. If we can get anything out of schedule 5 in helping seniors adopt healthier lifestyles, I am so thrilled that we're doing that.

The piece I want to spend the most time on this afternoon is the amendments to the Immunization of School Pupils Act. I have a constituent, Heather Fraser, who is very, very active in the vaccine issues. She's known to many of us. She has written some scholarly articles in some journals. She's written a book, *The Peanut Allergy Epidemic*. She has come to us with great concerns—concerns that she has very personal experiences with in her own family—about the interaction between immunization and, potentially, disease. I'm not an expert in this area, and I'm not going to take up the cause itself because I'm not a specialist, but she asks some very good, tough questions: Why do we have such high peanut allergy rates in the world? Why do we have so much autism? Is there a relationship?

In order for us to take the position we are doing here, we all accept the fact that immunization has been an incredible benefit to our society at large. As a father, with my first daughter, I was concerned about whooping cough immunization because there was anecdotal evidence of encephalitis as a result of whooping cough, and we had to ask ourselves, "Are the risks associated greater than the benefits?" It was a tough decision as a parent. That's why, when parents are asking those difficult questions, they need good communications.

But we have to take the position—and we have to appreciate—that not every immunization has a positive outcome. There are adverse reactions. The question we have to ask ourselves is, "Are we doing enough communication, on both sides of the equation, both to inform parents of why it's important to have immunization, but also with good follow-up of whether there have been issues?"

She draws attention, for instance, to what was known as the Penta vaccine, from which there had been some extraordinary numbers of adverse reactions. It's now pulled from the marketplace, but it doesn't take away from the fact that there had been issues in the past. We need, as a society, to be sure that we are following up on any adverse reactions so that there will be no long-term impacts, so that we can make vaccinations as healthy as possible for the betterment of society at large.

I don't want to silence those kinds of voices of my constituents, even though I know when I came forward expressing concern about a vaccine with my child, I was made to feel that I was somehow doing something that was contrary to our society's best interests. There are some good messages.

Finally, I want to talk a little bit just to say this bill doesn't silence or discount the voices we heard. It's highly, highly travelled. We have tremendous interactions with people across the province of Ontario. It's a good bill. We'll look forward to any improvements.

The Acting Speaker (Mr. Ted Arnott): The member for Barrie to continue.

Ms. Ann Hoggarth: I am going to speak about the consultation that was involved in forming this bill. I think there was extensive consultation. Particularly, when it's called the Protecting Patients Act, there are a lot of groups you will see that do have patients and had a lot to say in contributing to this act.

Our government has held extensive consultation on this schedule. We have held in-person meetings with all members of the Federation of Health Regulatory Colleges. Our government has received and reviewed submissions from six colleges, including the College of Physicians and Surgeons of Ontario, the College of Medical Radiation Technologists of Ontario, the College of Dental Hygienists of Ontario, the College of Naturopaths of Ontario, the College of Nurses of Ontario and the College of Psychologists of Ontario.

We have held in-person and teleconference consultations with various health professional associations, including the Ontario Association of Speech-Language

Pathologists and Audiologists, the Ontario Podiatric Medical Association, the Ontario Chiropractic Association, the Ontario Dental Hygienists' Association, the Ontario Dental Association, the Denturist Association of Ontario, the Registered Massage Therapists' Association of Ontario, the Ontario Association of Medical Radiation Sciences, the Ontario Association of Naturopathic Doctors, the Registered Nurses' Association of Ontario, the Nurse Practitioners' Association of Ontario, the Ontario Opticians Association, the Ontario Association of Optometrists, the Ontario Physiotherapy Association, the Ontario Psychological Association and the Respiratory Therapy Society of Ontario.

We have also had various teleconference consultations with patient groups, including the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres from the Mississauga Hospital, the Brantford hospital, the Ottawa Hospital, Chatham Kent and Scarborough—also, the Advocacy Centre for the Elderly, and the Premier's Roundtable on Violence Against Women, chaired by the wonderful member from Kitchener Centre.

In addition, we have consulted topic experts, including the Information and Privacy Commissioner, the Patient Ombudsman and the chair of the Health Professions Regulatory Advisory Council.

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This amendment is primarily intended to support the minister's duty under the RHPA to ensure that the health professions are regulated and coordinated in the public interest. It's also important to note that the proposed amendments to this bill expressly state that reports and information provided to the minister must not contain any PI or PHI about members if other information would be sufficient for those purposes. In addition, if the reports and the information provided by a college to the minister contains PI or PHI about members, the proposed amendments clarify that the reports and information provided to the minister must not contain more PI or PHI than necessary for the purposes set out.

These limiting principles were included in the proposed amendments in recognition of the inherently sensitive nature of PI and PHI. We've also consulted with the Information and Privacy Commissioner on these proposals to ensure consistency with the personal health information act. The IPC recommended some changes to limit the collection of information, which we have made and incorporated into Bill 87.

We look forward to an important debate in the House and thorough public consultation through the legislative committee process to ensure that we get this important piece down right. This includes hearing from physicians about their concerns, while making sure we respect victims' rights. It is absolutely critical we strike the proper balance between the patient and the professional.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Toby Barrett: Speaker, I'll just comment on the continued discussion on schedule 1, the immunization with respect to pupils and some new regulations coming

in with respect to the exemptions and ensuring that parents are making decisions based on the best information available and information based on a neutral scientific evidence-based background.

I do wish to correct my record. I made a comment just briefly about the flu shot. I think I mentioned the year 2002. It was actually November 15, 2000, that the universal immunization program came into the province of Ontario. I know I've been receiving the flu shot, I suppose, for the last 16 years now. I have not had the flu.

As we know, at the time it was made available through local health units, through hospitals, family doctors obviously, community clinics and community health centres. The flu shot has been made available through pharmacies in recent years. I understand, for example, that the Loblaw/Weston corporation has pharmacies. I think it was last year that they administered something like one million flu shots. When I think of Loblaws, I don't think of them serving customers with one million immunizations for the flu.

It's a voluntary program. It's something that not many people take advantage of, including, as I understand it, many health care professionals. I have trouble getting my head around that one.

The Acting Speaker (Mr. Paul Miller): Questions and comments?

Ms. Teresa J. Armstrong: There has been some debate on this bill, whether or not it has been referred to as an omnibus bill. I have to argue that it is, really, an omnibus bill.

When you look at the seniors active living centres portion, schedule 5, previously this was a bill on its own, in 2016. That was taken off the order paper when prorogation was called for a short time, and now it has been encompassed under this bill.

When you look at that particular piece, the seniors active living centres, people who are going to seniors active living centres aren't patients. They're not ill. They're healthy seniors who decided to continue their physical activity in order to maintain a good health outcome and prevent illnesses.

For me, as the seniors critic, it doesn't really suit the name of the bill, and it should have been on its own. I would have preferred to have it debated on its own.

Speaker, a little history on this bill: It used to be called the Elderly Persons Centres Act. It was enacted in 1966, so it has been around for a very long time. I'm glad to see that there is a bit of modernization in this bill, in the true sense of what the definition of "modernization" is, and making the title reflect what today's seniors are all about.

Having said that, it also does a few things. It expands the partnerships, and I'm glad to see it expands it to First Nations, because the previous bill actually limited it only to the municipalities. So if you weren't part of the municipality, then you—

Ms. Cindy Forster: What about the money?

Ms. Teresa J. Armstrong: Yes, that's the disadvantage of this bill. The money hasn't increased since 1966, the funding in this bill.

Again, with the growing population of seniors, we need to think about future investment in seniors' preventive policies in health care.

The Acting Speaker (Mr. Paul Miller): The member from Ottawa South.

Mr. John Fraser: It's a pleasure to rise and respond with a few words about the comments from the member from—

Mr. Arthur Potts: Beaches—East York.

Mr. John Fraser: —Beaches—East York. I was getting there.

It's my mother's birthday this week as well, on Thursday. She's a senior—sorry, Mom. She swims every day as well too. She doesn't take the subway—we don't have a subway—but one of my sisters or myself usually takes her. That active healthy lifestyle has been good for her.

Happy birthday, Mom—early. I'll see you when I get back Thursday night.

I do want to address—and it seems to keep coming up—that this is being described as an omnibus bill. I think it's possible for us to deal with these five schedules. I think to characterize it as something that's cumbersome and complex is really not fair. We have a limited amount of legislative time, and we have a lot of issues that we have to get to.

To be fair, I know there are some members of the opposition who would like to use as much time as possible so less legislation would get through, and I'm not sure that's why people sent us here. We have to get that right balance, to get it right. I think there's a balance inside this bill.

All of these things that are here are good for patients. They're straightforward. There's nothing that's contentious. There are some complexities in protecting patients from sexual abuse, most of which we all agree on.

Most of these things in here, we all agree on; it's not contentious. So I hope that members will support this bill, and I look forward to further debate.

The Acting Speaker (Mr. Paul Miller): The member from Lambton—Middlesex—Kent.

Mr. Monte McNaughton: Thank you, Mr. Speaker. It's Lambton—Kent—Middlesex.

The Acting Speaker (Mr. Paul Miller): Oh, sorry.

Mr. Monte McNaughton: I'm happy to rise again during the comment period during the debate regarding Bill 87. I will be doing a 10-minute speech in a few minutes, but I'm happy to speak to Bill 87, An Act to implement health measures and measures relating to seniors by enacting, amending or repealing various statutes.

We continue to see this from the government: more omnibus-type legislation. I know the member from Ottawa would disagree with me on that. But this is a substantial, large piece of legislation.

As I said previously, meeting with doctors last week here at Queen's Park really opened my eyes to the attack that they feel they're under from this Liberal government, from this Premier. Whether it's Bill 41, which enlarges the bureaucracy in the health care system, growing the

size and cost of government, or whether it's Bill 84 and the issues regarding conscience rights for doctors and health care practitioners, we continue to hear a number of concerns regarding that piece of legislation and, of course, Bill 87, which we're debating here today.

I do want to thank our health critic for the PC caucus, the MPP for Elgin—Middlesex—London, for his work in examining this piece of legislation. He did his lead on this bill and did a very effective job of highlighting some of the very concerning issues with Bill 87, as well as bringing forward perspectives which have largely been ignored by this government.

I hope, when we get to the committee phase and the committee process for Bill 87, that the government will listen to the amendments brought forward by the opposition and the third party. We've heard loud and clear from important stakeholders on this bill.

1650

The Acting Speaker (Mr. Paul Miller): Thank you. The member from Beaches—East York: two minutes.

Mr. Arthur Potts: Thank you to our colleagues around the House for their comments on the member of Barrie's and my remarks today.

The member from Haldimand—Norfolk: He talked about patient information: that those who, for non-medical reasons, don't want to go and get their children vaccinated have to get the information so that they can make that decision on firm grounding. I guess I was making the point that all information needs to be presented, both the adverse reaction information and the positive. Some of those in my community are asking me: Maybe all parents should have better access to some of the issues that have surfaced in the past around vaccinations, and not just those who are refusing to get vaccinations in the first place.

The member for London—Fanshawe: Good point. Healthy seniors aren't patients. I take that under advisement. I'm not sure that changes the criteria that this is an omnibus bill, but certainly they've been in care for many years and now they're out and healthy, and we hope they stay that way as long as possible.

Which leads me to the comments from the member from Ottawa South: Congratulations to his mother who is having a birthday, as well as my colleague from Kitchener Centre, whose mother always had a birthday this month. I'm just thinking that good things are born in April. That's the way it works.

Finally, to the member from Lambton—Kent—Middlesex: I'm looking very much forward to his considered comments on this bill and the things that he thinks need to be addressed as a result of his conversations with doctors. But let's be very clear: This bill addresses issues of which consultations have happened across the province with a vast array of stakeholders, as itemized by the member from Barrie at great length.

All of the different stakeholders had an opportunity to feed into bringing forward a piece of legislation which does precisely what its short title says it does, which is provide greater patient safety, whether it's an immunization, whether it's in seniors' activities, whether it's—

Ms. Daiene Vernile: Nurse practitioners.

Mr. Arthur Potts: Nurse practitioners etc. This is what the bill does, and I appreciate very much the opportunity to speak today.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Monte McNaughton: I am pleased to have the opportunity to speak in more detail about Bill 87, An Act to implement health measures and measures relating to seniors by enacting, amending or repealing various statutes, this afternoon. This is yet another omnibus bill that the Liberal government has brought forward proposing far-ranging changes, affecting many acts and packaged under a very benevolent-sounding title, in this case, the Protecting Patients Act.

As I said earlier, this bill was introduced back in December, and here we are in April debating it, so it doesn't seem that this was constructed as an omnibus bill for the purpose of expediency. What seems more likely is that this format prevents too much scrutiny from being focused on any particular measure, limiting the amount of time available to debate and discuss these proposals.

On that note, I want to once again thank our health critic, the MPP for Elgin–Middlesex–London, for his work in examining this expansive piece of legislation. He did an excellent job of shedding light on gaps and issues of concern in Bill 87, as well as bringing forward perspectives which have been ignored by the government. I will mention that the health critic for our caucus, the member for Elgin–Middlesex–London, said that every time I gave him credit, he would get me a cup of coffee, Mr. Speaker, so I think he owes me about three or four cups of coffee just for the work this afternoon.

It's difficult to speak effectively to this bill, not only because I have only 10 minutes to deal with an omnibus piece of legislation, but also because many portions of this bill would be determined by government regulation. The government is making it very difficult to have a thorough discussion about the changes they're making to health care. After so many issues around Ornge, eHealth, the negotiations with doctors and so on, I don't think the government has earned a level of public trust on this file sufficient for this approach of asking us to just take it on faith that these changes will be for the best for the people of Ontario.

There also has not been a lot of clarity from the government on why we're seeing some of these changes. The reasoning has not been very detailed, to say the least. I know there will be many amendments brought forward by the opposition and the third party, as well as stakeholders, when this bill goes to committee, as it inevitably will, because this is a government bill and the government holds a majority. I hope that at the committee stage, the government will break with their own tradition and give serious consideration to those amendments that are brought forward.

I would like to first address schedule 4 of the bill, which includes a proposed amendment that would require a council of a health profession's college to include in its

reports to the minister personal information and personal health information about any college member.

For starters, I don't see a clear indication that this measure will enhance public safety, which is a big deal when the trade-off is violating health care professionals' right to privacy. I understand there is already a rigorous program in place to ensure that our medical professionals are fit to practise, which is effective in handling what could be a fraught and delicate matter. If the government doesn't believe that this program is effective, then that should be addressed, but I have not heard that yet from the Liberal government side. This was an issue last week that was brought up I know not just to myself, but to many members of provincial Parliament while doctors visited us last week at Queen's Park.

It's very important that we get this right. Physicians invest heavily, both in terms of time and money, to be able to practise medicine here in Ontario. The risk of losing their licence is therefore often a personally catastrophic prospect. We have to understand that while recognizing that if a doctor is unfit to practise and continues to do so, the consequences to patients can be devastating.

That's why, Speaker, we need to ensure that doctors are able to seek treatment freely without feeling they may jeopardize their licence by doing so. Doctors often work long hours and very stressful jobs. We need to respect the toll that may take on their mental health. In order to justify the risk inherent in potentially deterring doctors from seeking treatment, we need to see much more compelling evidence from the government that this measure would enhance public safety.

The well-being of patients is paramount. If doctors are afraid to seek treatment, they may deliver compromised care. Not only that, but this government can't go on pretending that physicians are not citizens who are entitled to basic rights like privacy or freedom of conscience.

Mr. Speaker, in Bill 84 we saw the government moving forward with implementing medical assistance in dying with no regard for the conscience rights of health care professionals, in defiance of the federal legislation that legalizes assistance in dying, which clearly stated it is not intended to compel anyone to act against their deeply held beliefs. I mention that here because I think it's demonstrative of how rights have become an afterthought for this Liberal government. They don't seem to mind creating a lot of anxiety and fear either, as they deliberate over taking rights away.

As a direct result, a doctor in my riding of Lambton–Kent–Middlesex, Dr. Nancy Naylor, felt compelled to leave the practise of medicine. She said this: "To make a 'referral' for physician-assisted death ... a mandatory requirement for physicians who oppose it—for reasons of ethics or moral conscience—I take as an assault on my integrity and ethics as a physician."

"I refuse to let anyone or any organization dictate my moral code. For this reason, I am not renewing my licence to practise medicine."

As this relates to Bill 87, there are real consequences to the way this government has been treating physicians. I mentioned this before when it came to Bill 41, Bill 84 and in this case, obviously, Bill 87. The government should be mindful of how it is affecting health care professionals personally as well as their patients.

But back to schedule 4 here: This measure, which allows for the disclosure of sensitive, personal information is also problematic because it is unclear in how it would be applied. There are no clear parameters around the disclosure requirement, nor is it clear how this personal information would be used by the minister.

We also see in schedule 4 changes to the way the college committees function, including the minister assuming significant influence over regulatory college processes. As the member from Elgin–Middlesex–London has said, if the government wants to end self-regulation or change it substantially, then let's have an open and honest discussion of what route they're taking. It may be that changes should be made to the current framework for accountability, but if there are serious issues to address and changes to make, then we should be comprehensively reviewing the situation, not couching fundamental changes in omnibus legislation.

1700

This approach is generating a lot of confusion for the colleges and health care professionals. The government has a public-trust deficit on the health care file. Their track record doesn't reflect sound management, yet they continue on this route of centralizing control of the health care system in the minister's office.

Another section of this bill that raises the spectre of further government mismanagement is schedule 1. It is truly incredible, with all the technological advances we have seen and after the government of Ontario has poured billions of taxpayer dollars into centralizing health records, that we still don't have an effective system. Between eHealth and Panorama, we don't have evidence that this government can effectively collect and centralize records.

This schedule of the bill requires health care providers to report vaccines administered to children for diseases designated under the ISPA to their local medical officer of health in addition to providing records to parents. This is a reasonable measure, but with vaccines being administered in GP's offices, pharmacies, schools, hospitals and specialists' offices, what we really need is a functional, reliable, centralized eHealth system to guarantee that critical information isn't missed. We have also seen a trend in parents refusing to have their children vaccinated. We have seen duplication of vaccines. That is a lot of data that will remain uncaptured.

I would like to have seen this schedule of the bill as a separate and expanded piece of legislation that would settle a lot of these uncertainties around the vaccination protocols in Ontario. Collecting data is great, but that data needs to be complete and effectively tracked to be of use. At a time when we are seeing outbreaks of preventable illnesses like measles and mumps making the news,

after decades and decades of being essentially non-existent in Canada, we need definitive action. We've seen dozens of cases of mumps right here in Toronto already this year. It is absolutely critical that vaccines are reported and tracked.

This schedule of the bill also proposes to require parents seeking an exemption from immunizing their children to attend an educational session. This sounds like a good idea, but I haven't heard from the government side any hard evidence that this will actually stem the tide.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Paul Miller: There is definitely a profound power imbalance between a practitioner and patient, as there is in many other environments where sexual abuse has been prevalent, such as schools, religious institutions and, sometimes, family homes. Because of the power imbalance, because of the fear of reprisals, because of the devastating long-term effect of destroying a victim's trust in health care providers and because of the atrociously low conviction rate for sexual crimes, we have a profound responsibility to do everything in our power to protect patients from sexual abuse. The colleges have the same profound responsibility. We must ensure that there is zero tolerance for sexual abuse in the health care system. We must ensure that there is zero tolerance for sexual abuse anywhere in Ontario, in any profession, behind any door. This bill must protect patients. It must restore public confidence in the health care system and the regulatory and disciplinary processes that are in place.

The Federation of Health Regulatory Colleges of Ontario supports the intent and assumed goals of Bill 87. In fact, the federation has argued that the bill could go even further to protect the public. Of course, the College of Physicians and Surgeons of Ontario supports the intent of this bill, but also has expressed some concerns and suggested some amendments, which are reasonable.

I'm very pleased to see in the bill the elimination of gender-based restrictions on the ability to practise. No longer, for example, will a male physician who has abused female patients be able to continue his practice on males only. If you have committed an act of sexual abuse, you will lose your licence. Zero tolerance means zero tolerance—no concessions, no leniency, no ability to keep practising and endangering, possibly, other patients. If you abuse a patient, if you break a patient's trust, you will not be allowed to practise and you will lose your livelihood. Very serious offences deserve very serious penalties.

The Acting Speaker (Mr. Ted Arnott): The member for Ottawa South.

Mr. John Fraser: It's a pleasure to respond to the member from Lambton–Kent–Middlesex.

I just want to say right now that I agree 100% with the member from Hamilton East–Stoney Creek—all his words. I'm glad that he raised that.

I do want to address a couple of things that the member from Lambton–Kent–Middlesex raised—that

it's an omnibus bill. Really, folks, it's a comprehensive bill. It's very clear. An omnibus bill is something that's like this thick.

It's not overly complex. I think we can manage it in committee. I think we can manage it in debate. As a matter of fact, as we go through debate, I'm hearing very similar arguments as we go through. We're getting a chance—there are new things that are going to come out. It's not that complex.

I just want to caution the members: It's not an omnibus bill, okay? I know that some members feel that their duty is to try and get us to pass as little legislation as possible, but I don't think that that is what people want us to do. They want us to pass the best legislation possible and make sure that we work on all of their priorities.

I don't know if any of you remember Dr. Dolittle, those of you who are old. There's a creature in Dr. Dolittle—

Mr. Paul Miller: Old?

Mr. John Fraser: Well, we're old. I'm old.

It's called a pushmi-pullyu. If anybody remembers the pushmi-pullyu, it was literally like a horse or an animal that had two heads and that could go in either direction.

I kind of hear, "I'm for the college," "I'm against the college," "We're too hard on doctors." The member from Frontenac—

Mr. Paul Miller: Lanark–Frontenac–Lennox and Addington.

Mr. John Fraser: The member from Lanark–Frontenac–Lennox and Addington says, "We're too lenient on doctors."

So I don't know. Maybe it should be the party of pushmi-pullyu.

The Acting Speaker (Mr. Ted Arnott): The member for Perth–Wellington.

Mr. Randy Pettapiece: I'm pleased to stand and speak for two minutes on what would appear to be an omnibus bill that the government has offered up here, and speak to the remarks by the member from Lambton–Kent–Middlesex. He brought up some very good points, and certainly that there is a sense out there, at least to me and certainly from his constituents, that they do have some issues with what's in this bill. The government has said they have consulted with all kinds of groups, so maybe they just didn't consult long enough to get the points that these groups were trying to tell him, that there are some issues with this bill.

I do want to address the vaccination part of the bill. We are seeing outbreaks of a number of diseases recently. There's one disease that I certainly would not want to see but that I think has come up in some countries. Maybe it has come up in Canada; I'm not sure of this. But certainly polio was one of the ones that I think was pretty much eradicated in Canada years ago. It's something that we have to be careful of, and we have to keep these vaccinations current.

But it's the reporting system that may have some issues. We know that the computer programs that this

government has tried to introduce in the past have not been successful. Certainly, I point to the computer program called SAMS, which went way over budget and is still having some issues, as I understand. Certainly, the eHealth system has been a terrible failure of this government. The reporting system in medicine, in medical things, has not been great.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Cindy Forster: It's great to have a couple of more minutes to speak on this. I did have 20 minutes last week at one point, where I actually used my time to talk about protecting patients generally in the system around health care issues.

Ms. Catherine Fife: From the system.

Ms. Cindy Forster: And from the system, I guess, yes—protecting patients from the system.

Certainly, none of us here in the NDP caucus believe in anything but zero tolerance for sexual abuse of patients. We haven't been able to get rid of that in the general public, although we've been working on it for, I think, as long as 20 years. I think it's important that we are debating this bill.

There are a number of people weighing in. The Ontario Nurses' Association is weighing in, looking for some amendments. The Ontario Medical Association is looking for some amendments.

I know that in the past, many committees that I have sat on, on a number of issues—certainly the Liberal members sitting on committee have no tolerance for anyone's amendments. In each and every committee that I have sat on, regardless of whether the amendment improved the legislation or not, they have, one by one, been voted down.

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I'm hoping that when this actually gets into committee—and hopefully it will get there soon—the members who are sitting on that committee will have their ears open and that there will be some positive amendments made to actually provide this bill with the strength that it's going to need, particularly from those people who are directly involved in front-line health care every day, be it physicians, be it nurses, be it any other health professionals that it's aimed at.

The Acting Speaker (Mr. Ted Arnott): We return now to the member for Lambton–Kent–Middlesex to reply.

Mr. Monte McNaughton: I'd like to thank the members of from Hamilton East–Stoney Creek, Ottawa South, Perth–Wellington and Welland for continuing the debate on Bill 87.

I would like to point out that I'm not going to go near to what the member from Ottawa South said about the age of members in this place. I happen not to remember Dr. Dolittle. But I will, for clarification purposes, let the member from Ottawa South know that the definition of omnibus is: "a volume containing several novels or other items previously published separately." This bill obviously entails a lot of schedules and a lot of details. It is a substantial piece of legislation.

In closing, I would just encourage the government, at committee, to listen and really think about the amendments that the opposition parties will be putting forward. We've done a lot of consultations with our stakeholders. As I've kept reminding the government, the doctors were here. These were front-line doctors from across the province. They were commenting on Bill 87. They have some serious, serious concerns—quite frankly, a lot of concerns that I agree with. A lot of the doctors and medical professionals in Ontario feel like this government is attacking them, whether it's Bill 41—as I said, I raised issues regarding conscience rights in Bill 84 and the issues around the privacy situation in Bill 87. I'd encourage the government to go to committee with an open mind and hopefully adopt some of these amendments.

The Acting Speaker (Mr. Ted Arnott): We continue with further debate.

Mr. Paul Miller: Today I'm pleased to rise on behalf of my constituents of Hamilton East–Stoney Creek to speak to Bill 87, An Act to implement health measures and measures relating to seniors by enacting, amending or repealing various statutes.

From reading the short title of this bill, the Protecting Patients Act, one would think that the primary purpose of this bill is to improve disciplinary processes where health care providers are alleged to have sexually abused patients or have been found guilty of sexually abusing patients. But that's one schedule—only one—of five. This should be stand-alone legislation, and it does a disservice to both this topic and to the other important issue here to condense them into one piece of legislation. The other schedules of the bill deserve to be considered independently as stand-alone legislation.

I've said it before, Speaker—and, no doubt, this government will have me saying it again over the next year—but I'm dismayed and disappointed by this government's continued use of omnibus bills. The continued use of omnibus legislation is a means of minimizing the scrutiny that my colleagues and I provide this Legislature. It's a means of minimizing committee hearings and testimony, which are necessary tests of the strength of legislation and important sources of constructive amendments that can improve legislation. They can reveal unintended and unforeseen consequences of a bill that may warrant amendment or reconsideration.

Omnibus bills curtail the full use of the legislative process. Some schedules of this bill have no practical relation to the others, sharing no basic principle or purpose that would tie together these very different proposed enactments. They do not belong together in this bill.

I want to put on the record my objection to the use of omnibus legislation, and I echo the call of many members, including my colleagues from Nickel Belt and Kitchener–Waterloo, to treat these schedules independently, in particular schedule 4, addressing sexual abuse by health care professionals.

The four other schedules of this bill address the immunization of students, enable nurse practitioner

prescribing, change the regulation of community laboratories and replace the Elderly Persons Centres Act with the Seniors Acting Living Centres Act.

The Immunization of School Pupils Act requires that children attending school show proof to their local health unit of up-to-date immunization against the act's designated diseases unless they have a valid exemption. Parents can file for an exemption from these requirements only if they file a statement of medical exemption or statement of conscience or religious belief.

Schedule 1 of the bill we are debating here today, Bill 87, amends the—they love giving this word to me all the time—Immunization of School Pupils Act to require—

Interjection.

Mr. Paul Miller: Thank you; the English major will correct me—to complete an immunization education session before an exemption will be granted for non-medical reasons. This is important because we do need and support efforts to promote greater awareness of vaccine safety and effectiveness to better inform parents' decisions.

Those of us who grew up in my generation saw firsthand the devastation that preventable diseases, such as polio, measles and rubella, have caused. We never want to see that again of course, Speaker, and it's troubling and alarming that we are starting to see outbreaks of preventable diseases due to the fall of these injections.

But we have to make sure we get this right. The explanation of these changes is to ensure that parents are properly informed about the risks involved by not having their children immunized before requesting a non-medical exemption. These education sessions will allow public health units to respond to any questions or concerns that a parent may have and help to dispel any myths of misinformation that may influence a parent's decision to not have their children immunized.

However, as my colleague from Nickel Belt has pointed out, we need to be very careful about implementation of this new legislation, especially in northern Ontario. How widespread and easily available will these education sessions be? Is it fair and reasonable to ask parents seeking this exemption to travel several hundred kilometres to get this briefing? Of course not. We need to make sure these information sessions are easy to access. If they're not easy to access, if they require a large investment of time and money, you're likely to create some understandable resentment on the part of parents, and that is certainly not conducive to encouraging any open-minded receptiveness to the knowledge and facts being imparted at these sessions.

How is the government planning to ensure that public health units across the province have the capacity to implement these changes? Will the government increase the budget of public health units in order to expand their capacity, or is it just going to tack on this requirement to be met under the existing highly strained funding envelope?

A lot of the time, this government likes to tell the public that it's getting more for less by cutting or freez-

ing budgets while asking for more work. Well, Speaker, we've seen time and time again, especially in our health care system, that it's not too often that you can get more for less. Most of the time, all you get is less. You see longer waiting lists for surgery, longer waiting times in emergency rooms and more patients on trolleys. You see intolerable waiting times for mental health services. You see incredible pressure being placed on health care workers to cover the gaps left by the government. You can't ask them to hold health care together indefinitely while the province keeps cutting, cutting, cutting. The remaining threads eventually fray and snap, and the patients suffer.

Schedule 2 of the bill amends the Laboratory and Specimen Collection Centre Licensing Act to establish a licensing and inspection process for laboratory facilities to perform tests or take specimens and establishes a framework to allow hospitals to provide community laboratory services. The proposals here are intended to allow the ministry to exercise more flexibility in regulating and funding the community laboratory sector, to update the current funding model for community laboratory services, to ensure that services are safe, effective and patient-centred, and to address service delivery challenges faced in northern and rural areas of our province. The schedule also amends the Health Insurance Act to allow community laboratories to be paid by transfer payment agreement instead by fee-for-service.

The Public Hospitals Act is also being amended to permit local hospitals to provide additional community laboratory services to patients in the community who are not admitted in-patients or registered outpatients. The government says this would allow for increased access to community laboratory services primarily in underserved areas, such as rural and northern Ontario.

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The minister will be able to designate hospitals that may provide community lab services. Speaker, I'm very concerned about how these changes may affect access to community laboratory facilities. If the impact is, as the minister says, to expand access to lab services by designating hospitals to provide community lab services in rural and northern Ontario, then that is something we can support. However, the ministry also states that the changes in the legislation will "more effectively drive competition and derive value" to improve the services that patients receive. Actually, Speaker, that doesn't sound like a patient first to me; it's a dollar first.

We, as New Democrats, believe that laboratory services should be organized and regulated in the interests of public access, not what's best for private profit. So we need to be very careful about what is being proposed here and about what is actually implemented. What we hoped for out of these changes is expanded access to lab services through our not-for-profit hospitals for the benefit of our wider community.

We are not encouraged by the track record of the government when it comes to stealth privatization. The member from Nickel Belt has warned that if the wrong

regulations are put in place, then this bill could do the exact opposite of what we hope for. It could allow the for-profit companies to expand into our hospitals. That's something that we don't want, Speaker, and that we will not support.

On to schedule 3 of the bill, which amends the Ontario Drug Benefit Act to facilitate prescribing by nurse practitioners and to specify that substances prescribed by nurse practitioners, such as blood glucose test strips and nutritional products, are benefits under the Ontario Drug Benefit Program. This would help increase patient access to drug products and improve program efficiencies.

As of September 2016, the Ontario Drug Benefit Program provides drug coverage for more than 3.9 million Ontarians, or nearly one third of all residents in our province. Since the development and passage of the Ontario Drug Benefit Act, the scope of nurse practitioners has evolved in Ontario. The proposed changes here recognize nurse practitioners' current scope of practice and would increase accessibility for patients by ensuring the listed substances prescribed by nurse practitioners are benefits under the ODB Program.

New Democrats believe that nurse practitioners are crucial providers of primary care in Ontario, and we support any efforts to ensure that they can practise to their full scope. When nurse practitioners can practise to their full scope, Ontario patients benefit. There are still a great number of issues that impact their ability to provide great service to Ontarians, including the Liberal government's failure to remedy the substantial gap in compensation between nurse practitioners in community settings and those in hospitals and other care environments. We support efforts to remove legislative barriers that prevent nurse practitioners from practising to their full scope.

Schedule 5 simply does not belong in this bill. It's insulting to the Legislature to lump it in here with wholly unrelated topics.

Basically, Speaker, I could go on for quite a while, but in closing I'd just like to say that there are some good things in this bill. I was hoping that they wouldn't have lumped them all together and we could have dealt with them separately, but that's not the way it went. I'm sure that during the committee process there will be some acceptable amendments that the government will look at.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Fraser: It's a pleasure to respond to the member from Hamilton East-Stoney Creek. I thank him for his comments on vaccinations and how they're critical to our public health system in preventing disease and unnecessary suffering and illness.

I want to assure him that the changes with regard to the labs, especially in the north, in community hospitals, are to expand access. That's the intent of that piece in this legislation.

I thank him for mentioning the changes on the Ontario drug benefit to allow nurse practitioners to practise to their full scope with regard to the Ontario drug benefit. I

want to assure him that there are other measures at play right now to increase the scope of nurse practitioners, and that that will happen.

I guess I've been doing this a few times this afternoon: This is not an omnibus bill. Here are the five things that this bill does: It protects patients from preventable diseases; it protects patients' access to care; it protects patients' right to medical benefits; it protects patients from sexual abuse; and it's protecting patients by encouraging a healthy and active lifestyle.

This is a bill that we can manage in committee and we can manage in debate here. It's not that diverse. An omnibus bill, as my friend in front of me has so eloquently explained to me, is a bill that crosses ministries, changes different acts and has different intents. There's a very clear intent behind this legislation. It's not impossible for us to manage. Given that we have a very fixed amount of legislative time and a lot of priorities for the people who we represent, we have to try to handle this bill in this form.

I encourage members opposite—you can continue to call it an omnibus bill, but understand that we can manage this. We can manage this in debate and in committee.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Norm Miller: I'm pleased to have a moment to comment on Bill 87 and the speech by the member from Hamilton East–Stoney Creek. He mentioned northern Ontario a few times. It's a little disconcerting that northern Ontario was in the news today with regard to health care as a study from the Institute for Clinical Evaluative Sciences and the Sunnybrook Schulich Heart Centre found that rates of heart attacks, strokes and cardiovascular disease depend on where you live in Ontario. In fact, the healthiest LHINs were all in the GTA. The four least healthy LHINs were the North East, North West, North Simcoe Muskoka and Erie St. Clair LHINs.

Certainly I would say, speaking for Muskoka, I've seen first-hand that stroke care, as an example, is just not up to par, not anywhere near what it is in other parts of the province. It's something that really needs to see some improvement. It's just not as good as if you're living in Toronto, and that's certainly not the way it should be.

The member also talked about the nurse practitioner section of the bill, where their scope of practice is being slightly increased. I support this. As I think I said earlier in the day when I had a chance to speak, Parry Sound–Muskoka is very lucky to have a number of nursing stations, mainly serving rural areas like Britt, Port Loring and Pointe au Baril. They provide great service. The people in the area love the primary health care they get from the nurse practitioner. This change will allow for the nurse practitioner to more effectively do their job to a fuller scope. I think that change in this bill is a positive thing.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Percy Hatfield: I guess what we're hearing in the chamber this afternoon is that in Ontario, health care is

not universal. No matter where you go in the province, you're going to get a different level of care, a different standard of care. If you come from a heavily populated region, you may get better care. That is not the way our health care system in Ontario should be.

Interjection.

Mr. Percy Hatfield: I hear the minister of aboriginal affairs and reconciliation chirping away over there. Sometimes I think his ego is about as thin as the skin on a Peking duck. If you say something in a negative fashion about something the Liberals may or may not be doing, they like to chirp back at you.

I think we can all agree that when you read the papers, when you look at the journalism of today, we see measles, mumps, polio—they haven't been eradicated. They're still out there, and we aren't really doing enough. I know friends in the Rotary Club who go to Africa, for example, with mosquito nets. They're trying to save lives over there, and we could be doing more here.

I just think the member from Hamilton East–Stoney Creek has hit it on the head. In politics, perception can become reality. When we stand up and say that this bill is an omnibus bill, we say it's because you're bringing so much into it. The member has said that there are so many good elements in this bill that should have been treated separately so we could have supported them all together. Instead, you've lumped them all in there together. You're mixing oatmeal over there, for God's sake.

Speaker, thank you for your consideration this afternoon, even though I'm not getting it from the government members.

The Acting Speaker (Mr. Ted Arnott): You're welcome.

Questions and comments?

Hon. Helena Jaczek: Certainly I'd like to make a few comments in response to the remarks by the member from Hamilton East–Stoney Creek.

I've had the opportunity to speak to this bill a number of times, emphasizing the excellent improvements to the Immunization of School Pupils Act, and obviously, zero tolerance; I think we have a meeting of the minds on that score.

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However, he did have some anxiety around the changes to the Laboratory and Specimen Collection Centre Licensing Act and the Public Hospitals Act. I just wanted to point out that the amendments to the Public Hospitals Act, if passed, would allow for hospitals to be designated to provide community laboratory services in addition to the laboratory services they provide to admitted in-patients and registered outpatients. This is certainly extending the reach of these laboratories that are available in so many communities—obviously, the more rural, northern communities. I know my colleagues are very enthusiastic about this piece.

In terms of his anxieties around private labs, the reality is that we have in Ontario a system where we have existing private labs that I must say do provide excellent

service in terms of convenience and availability. Our changes, in terms of what we're suggesting for private labs, are to offer the opportunity for more competition.

I don't know if it the third party believes in competition. Certainly, we on this side of the House do believe that businesses can be challenged to improve their services. Allowing for increased competition we believe will in fact benefit patients overall in those communities where these labs do exist. We've done extensive consultations on this aspect as well, of course, with the Ontario Association of Medical Laboratories, the Institute for Quality Management in Healthcare and the Information and Privacy Commissioner.

The Acting Speaker (Mr. Ted Arnott): That's it for questions and comments.

The member for Hamilton East–Stoney Creek.

Mr. Paul Miller: To start off, I'd like to thank the member from Etobicoke North for his extensive knowledge of proper grammar. I don't know how I made it through without him.

In closing, I hope that every member of this Legislature can say without qualification or reservation that we have zero tolerance for sexual abuse in the province of Ontario. We have to get this legislation right. All five schedules have a problem, I think, in different areas. I look forward to committee hearings that can allow the very different components of this bill to receive full scrutiny and public input.

The Liberals have done the people of Ontario a disservice in one way by giving us an omnibus bill, but in this situation I hope at least for extended committee hearings because, again, we have to get this bill right.

Speaker, I've always had problems in committee since I've been here, for a long time. The unfortunate part in a majority government is, when you go to committee, there are five members of the governing body, probably two of the official opposition and one of us. When you try to get amendments through that may be beneficial or may be enlightening, they seem to go by the wayside and they get squashed without any real time to be discussed, and that's unfortunate.

We would certainly like to see some of the things that have been brought forward. Hopefully the government will be open to some of the suggestions from both opposition parties that may benefit the overall five-bills-in-one, as I like to call it.

I think that there's lots of room for improvement, and there's always room for listening to the opposition for constructive criticism, which comes on a regular basis but sometimes falls on deaf ears. I hope that the committee system improves around here, because for many, many years it's been one-sided, and that's unfortunate.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Ms. Sophie Kiwala: It's certainly a pleasure to rise today in support of Bill 87. As has already been said, it is a bill that includes five schedules. I do want to comment just a little bit on a few of the items that have been brought forward by a few of the other members, just very, very briefly.

The member from Ottawa South brought forward a very amusing anecdote about the Doctor Dolittle show and the pushmi-pullyu. It strikes me that many of the conversations in this chamber are rather like that. Many initiatives in the province—we hear a lot about them. We're not spending enough money here, but yet we've got a debt on the other side. You can't always have everything. I think that this bill is not as extensive and cumbersome as has been suggested by the other side. I agree again with the member from Ottawa South that it is something that we can cope with. I think we're better than that.

As we know, the five schedules will protect patients from preventable diseases, protect patients in terms of their access to care, protect patients' rights to medical benefits, and of course protect patients from sexual abuse and will constitute the zero tolerance. They will also protect patients by encouraging a healthy and active lifestyle.

I do want to focus a little bit of my discussion today on the vaccinations piece within this legislation, because, of course, I am a mother of three wonderful daughters. I've gone through the process many times of having to dig out the yellow cards at the beginning of each year to make sure that they had all of their documents in order.

I know that sometimes this is a challenge for some people. Imagine a single mother who is overburdened with many different things in her life, and she has to register at the right time for school. Sometimes just getting school supplies is enough of a stress for some families. I think that going that extra step to make sure that children are properly immunized and that families have the documentation that they need is extremely important. Imagine, for example, if somebody is experiencing mental health challenges. That one extra thing that is so important could be made a lot easier.

I understand all sides on this issue. I know that there is some concern about an extra bureaucratic process to go through. But at the same time, we have very advanced systems of technology and databases that can be used, I'm sure, to make sure that the information is transferred automatically. Physicians and doctors' offices are very accustomed to writing out bills and billing OHIP for different processes that they have. Diagnoses or tests all have separate codes, and physicians' offices are very accustomed to that. So I have no doubt that they will very easily be able to adapt a system that will transfer the information to the public health unit.

I would also like to just spend a little minute on the zero tolerance policy of sexual abuse. I think that it's extremely, extremely important that we get this right. Sexual abuse on a patient by a health care professional is an unspeakable act. I know that everybody here understands that. It goes against the foundation of trust that exists between a patient and their physician. We need to put the patients' safety first. There is no doubt that this absolutely is integral to our system. We need to make sure that the patients' safety is number one.

The legislation: As was said by the member from Barrie, we have consulted everybody. According to her

list, I think we actually consulted everybody but God, so I am fairly sure that we've had a lot of consultation on this bill.

Thank you, everyone. I look forward to hearing the remainder of the debate.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. Randy Hillier: Speaker, this afternoon, I've been illustrating what I believe ought to be greater priorities for this government to be dealing with, with health care. Let me give you one more example.

In November of last year, I received a letter from Mike, a constituent from Montague in my riding. Last July, he was taken by ambulance to the Carleton Place hospital. Three hours later, he was finally seen, because he was told that even though he came by ambulance, his case was not an emergency.

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He explained the pain that he was in. However, the hospital said, "We don't think it's broken. Go home and come back tomorrow," when the X-ray department was open.

He said, "I can't go home. I can't stand. I can't walk."

They said, "Well, you can stay here—but we can't give you a bed—and wait until the X-ray department opens the next day."

He did, so he asked for some ice to put on his leg. They told him that the ice machine was broken, and they couldn't provide him with ice.

I'm not making this up. This is a letter that was sent over.

He finally got an X-ray the following morning and, indeed, his leg was broken significantly. He was taken to the Ottawa General Hospital, where the clinical staff said they were appalled at the treatment and lack of care that Mike had received, and that there was a high risk of severing an artery or causing permanent nerve damage from the way he was taken care of. The doctors and nurses said he should never have been told to straighten his leg without X-rays being completed.

Since then, he has had seven surgeries. It took the hospital over five months to respond to his letter.

There are priorities in our health care. I don't believe Bill 87 addresses them.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Ms. Catherine Fife: It has been an interesting debate this afternoon.

I do think that on schedule 4, there is some consensus around the need for a piece of legislation to address the sexual abuse of patients by health care providers. I do think that it's such a serious issue that it deserves our full attention and a separate piece of legislation. I think that you will actually hear this when this piece of legislation gets to committee.

The member said that the government consulted with everyone but God. It was one of the strangest things I've ever heard in this House.

But I will tell you that the Ontario Medical Association—

Interjection.

Ms. Catherine Fife: It's one thing to consult; it's another thing to listen and to learn from that consultation.

The Ontario Medical Association says, "The lack of consultation with Ontario's doctors, including the potential breach of the representation-right agreement between the Ministry of Health and Long-Term Care and the OMA"—there is very selective consultation that goes on in this place. I think, actually, we've seen a number of examples of this happening as this government goes closer and closer to election 2018.

It's this process which undermines our democracy, where you go out and you listen to the most vulnerable people in the province of Ontario, who told this committee how difficult it was to come forward and lay a charge against a doctor, because there is such an imbalance of power between doctors and patients, and how difficult it would be if there was only one doctor in that town.

We still maintain that schedule 4 deserves its full attention. Perhaps God would have told you that as well.

The Acting Speaker (Mr. Ted Arnott): Questions and comments?

Mr. John Fraser: It's a pleasure to speak to the comments from the member from Kingston and the Islands.

I do want to say to the member from Kitchener-Waterloo that this is the Protecting Patients Act, and you can do consultations with stakeholders, but you have to remember the mandate of those organizations.

Our mandate as a government is to protect patients. The people that elect us—

Mr. Randy Hillier: How about to serve patients?

Mr. John Fraser: —to serve—that's what our mandate is. So I would not suggest that people on this side were not listening. I think that's unfair.

To the member from Hastings-Frontenac-Lennox and Addington—if I got it right—what happened there was wrong. We passed a piece of legislation last year that had to do with critical incidents. When those kinds of things occur in a hospital—and I can't comment as to what that is, but we've all seen that. We have seen that happen to people that we know in our community, to people who come to us. Sometimes we see it in our own family. It's important that disclosure of something that's a critical incident happens in a manner that's transparent and open. It is something that we did address in a piece of legislation—a really critical piece of legislation—that we debated last year, and I want to assure him that that is there.

The health care system is incredibly complex and is staffed by tens of thousands of people in thousands of organizations. As a government, our responsibility, all of us here, is the oversight of those organizations. At any given point in time, there are going to be things that are going to happen that are great and fantastic, and they're prevalent. But there are also things that happen where things don't work and people are adversely affected. We

have to be able to address those. That bill about critical incidents very clearly sets that out.

The Acting Speaker (Mr. Ted Arnott): We have time for one more question or comment.

I'll return to the member for Kingston and the Islands to reply.

Ms. Sophie Kiwala: Thank you to the members who spoke, including the member from Lanark–Frontenac–Lennox and Addington. I just want to say that, yes, it's correct that we need to serve patients, but as MPPs, we also need to serve our constituents, and we are doing that through responsible legislation.

The member from Kitchener–Waterloo: I don't think that everything is broken. I think that we are doing a good job of putting patients first and making sure that they are safe.

The member from Ottawa South gave an excellent overview of critical incidents. He's correct: It is a complex system. There are many pieces, and we are working on these five schedules which will bring forward many improvements.

The Acting Speaker (Mr. Ted Arnott): Further debate?

Mr. Randy Hillier: Speaker, as has been talked about, Bill 87 is about protecting patients. What we need to focus on is serving patients, not protecting them—well, maybe protecting them from some of the incompetence that we've seen and that I've been illustrating this afternoon, where 78 long-term-care beds in the South East LHIN have gone unused for five years—five years. That's incompetence by any measure.

Let me go back to the earlier story about Mike, who had appalling treatment with his broken leg in our health care system. I ended by saying that he ended up having seven surgeries on his leg. Let me finish this off:

"After my third surgery I was recovering at home when my leg began leaking and was warm to the touch. I returned to" the emergency room" and a swab was taken to determine if there was an infection. In the three weeks it took for me to get the results from your hospital, I had determined I needed to seek" urgent "medical care. I returned to the Ottawa Hospital Civic Campus and had undergone three more surgeries before I received a call" from your hospital "to inform me" of the results of the swab.

This is astonishing and pathetic health care. But none of what I've talked about this afternoon is addressed in Bill 87. It is, indeed, not a priority for this government to deal with the 78 beds that have been temporarily out of service since September 2012. It can't be considered temporary, when long-term-care beds are not utilized for five years and there is such a growing demand for their use. Why is that not a priority? Why is serving patients not a priority for this government?

I also spoke about Lyme disease, the many thousands of people in this province who cannot get diagnosed, cannot get treatment and have to go to the United States to get medicines, to get diagnosed. Why are those thousands of people who are suffering such a debilitating

disease as Lyme not a priority for this government? Why is shuffling some papers of Bill 87—yes, there's nothing inherently bad about Bill 87; it just doesn't do anything good for the patient. It doesn't do anything good for the people who need health care. It may be beneficial for the bureaucrats, but it doesn't help people at all. Is that not what we're here for, to be advocates for our constituents, to demand and seek better services for our constituents?

1750

Speaker, I am disappointed that—and what about dementia? I've had people in my office, and I'm sure everybody else has. Recently, a couple of weeks ago, I had a couple in, and one of them was suffering from dementia. The story they told me was about how the CCAC will not provide home care, they will not provide respite care, they will not provide any home care for somebody suffering from dementia, unless they can't dress themselves. That's their criteria.

Now, certainly, we can understand that there are other things that people need care for. But this government's rigidity in its policies on home care actually hurts and harms those people who are suffering from dementia.

Another example with that same couple: They wanted to go to a memory clinic. There are three memory clinics in my riding, but they are all attached to a family health team or family health organization. Their physician was not attached to those family health teams. They were not allowed to go to those publicly funded memory clinics in those family health teams because their physician wasn't a part of them.

This government has no mechanism—no mechanism—to pay the family health team for a patient who isn't enrolled with the family health team. The minister is aware of that. I've spoken with him. Is that in Bill 87? No, it's not.

The things that I see as a priority, the things that I witnessed, the things that my constituents bear: those are priorities. But this government has failed and continues to fail to make their priorities similar to the priorities of our constituents. They have a very, very different view of what priorities are and how they should be addressed:

- long-term-care beds for five years not being utilized;
- dementia strategies not being developed;
- dementia clinics not being able to be used;
- home care not being able to be accessed.

The appalling case of Mike—and I know the member from Ottawa South said, "We've passed legislation to fix that a year ago." Well, obviously, we didn't fix it. You can't fix everything with a piece of legislation. Sometimes, it actually takes work and effort, instead of just legislation.

Absolutely, we have this new bill, but from November to March to get a response under that legislation—how can we be accepting of five months? The hospital said, "We have learned from our mistakes." I take them at their word and I hope they have, but it ought not to take five months to investigate that sort of appalling, pathetic service.

To have an x-ray room but to say, “Thanks, but no thanks. We are closed for the day. Wait until 8 o’clock the next morning”—that’s not an emergency room. I don’t know what you call it, but I don’t call it an emergency room.

I’ll finish off, Speaker. In public accounts last week, when we had Dr. Bell, the Deputy Minister of Health, in, he told us there is no oversight, there is no accountability, there is no legal authority for the ministry to recover funds that were inappropriately billed, and that this government relies on an honour system for \$12 billion in funding to our physicians. Can you imagine? That’s \$12 billion of hard-earned taxpayers’ money that’s being used for health care, and the government says, “We don’t think oversight is a priority. We’re just going to rely on the honour system for that \$12 billion.”

Well, Speaker, it’s not lost on me that we have these sorts of failings in our health care system when we have that sort of attitude by the deputy minister displayed at

public accounts. It’s not lost on me—why do we have long-term-care beds that don’t get filled? Why do we have dementia strategies that don’t exist or memory clinics that can’t be used? Why do we not have a Lyme disease program? I guess they’re relying on the honour system, that somebody, somewhere, is going to do something.

Not good enough—not good enough for the people of Lanark–Frontenac–Lennox and Addington, and I say to you, Speaker, it’s not good enough for anybody in Ontario. We need a government that realizes that health care is a priority, and it is to serve the people of Ontario.

The Speaker (Hon. Dave Levac): I thank the member for his comments. I thank all members for participating in the debate.

Second reading debate deemed adjourned.

The Speaker (Hon. Dave Levac): It being close to 6 o’clock, this House stands recessed until 9 a.m. tomorrow morning.

The House adjourned at 1757.

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